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NEW ACCOUNT DATA SHEET
APPLICATION FOR NET 30 FORM

Bill To \_\_\_\_\_ Ship To \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
Tel \_\_\_\_\_ Tel \_\_\_\_\_ Ext \_\_\_\_\_
Fax \_\_\_\_\_ Fax \_\_\_\_\_
Email \_\_\_\_\_ Contact Name \_\_\_\_\_
Company Website \_\_\_\_\_ Resale # \_\_\_\_\_

Executive Name / Title \_\_\_\_\_
Buyer's Name \_\_\_\_\_
Buyer's Assistant \_\_\_\_\_

Bank \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_
Vendor Reference #1
Name \_\_\_\_\_ Email \_\_\_\_\_
Fax \_\_\_\_\_ Tel \_\_\_\_\_
Vendor Reference #2
Name \_\_\_\_\_ Email \_\_\_\_\_
Fax \_\_\_\_\_ Tel \_\_\_\_\_
Vendor Reference #3
Name \_\_\_\_\_ Email \_\_\_\_\_
Fax \_\_\_\_\_ Tel \_\_\_\_\_

DELIVERY INSTRUCTIONS:
1. Must Have appointment \_\_\_\_\_
2. Closed On \_\_\_\_\_
3. Receiving Hours \_\_\_\_\_
4. Can we deliver after hours \_\_\_\_\_
5. Contact Name \_\_\_\_\_
6. Phone Number \_\_\_\_\_

In the event your account becomes delinquent you
are responsible for all legal and collection fees.
Signature \_\_\_\_\_
Title \_\_\_\_\_
Date \_\_\_\_\_