

# The Shoe Mart of Newnan

1485 Hwy 34 East • Newnan, GA 30265  
**NEW ACCOUNT APPLICATION**

## COMPANY INFORMATION

<b>Company Name:</b>		<b>Sales Tax Exempt?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Contact Person:</b>		<b>If YES,</b> please provide Sales Tax Exemption form or other documentation.
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>

## BILLING INFORMATION

<b>Billing Contact</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email Invoice Copy:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Please note that invoice and receipt hard copies are mailed in addition to any digital copies unless requested otherwise.</i>
<b>Email:</b>		

## PURCHASE INFORMATION

**Account Type:**  Voucher  Employee List  Payroll Deduction  Other: \_\_\_\_\_

**Company Allowance:**

<b>Department:</b>	<b>Amount:</b>
<b>Department:</b>	<b>Amount:</b>

**Do we need to fax a copy of the sale to you?**  YES  NO Fax: \_\_\_\_\_

**Employee Verification:**  Driver's License  Company ID  Other: \_\_\_\_\_

**Who is authorized to issue/sign your vouchers (if applicable)? Please provide signature for verification purposes. If more than one signature is required please attach a copy of voucher with all required signatures to this form.**

_____	_____
<b>SIGNATURE</b>	<b>NAME AND TITLE</b>

**How many pairs of shoes are allowed per voucher/transaction/year for each employee?** \_\_\_\_\_

**Are accessories allowed on the corporate account?**  Insoles  Socks  Laces  No Additional Items

**Additional information required on your receipt?**  PO Number  Employee/ID Number  Other \_\_\_\_\_

**Safety shoe/boot requirements?**  Steel Toe/Composite Toe  Metatarsal  Soft toe  Other \_\_\_\_\_  
**If Other, please specify:** (Color, Style, Height, Heel, EH, ESD, Slip/Oil resistant, etc.)

## AGREEMENT

**All invoices are to be paid 30 days from the date of the invoice.  
If you are tax exempt, please provide Sales Tax Exemption Certificate.  
If you choose to set up as a voucher account please provide a copy complete with required signatures**

## SIGNATURE

_____	_____
<b>SIGNATURE</b>	<b>DATE</b>
_____	
<b>NAME AND TITLE</b>	

**Flip Over** 

**THE SHOE MART OF NEWNAN**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:		
Company name:		
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	ZIP Code:
Date business commenced:		

**BUSINESS AND CREDIT INFORMATION**

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:

**PAYMENT OPTIONS**

Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Credit Card (preferred)		
<b>If choosing <u>credit card</u> please complete this entire section:</b>	Name on Card:	
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Card Number:	Expiration Date:	
Billing Address:	Security Code:	
City:	State:	Zip Code:
<b>If choosing <u>check</u> please complete this entire section:</b>		<b>Mail to the Attention of:</b>
Street Address:		
City:	State:	Zip Code:

**BUSINESS REFERENCES**

<b>Company name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
<b>Company name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
<b>Company name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. If you choose to pay invoices with a credit card, by signing this form, you authorize The Shoe Mart of Newnan to charge your card for the amount due each month.
3. By submitting this application, you authorize The Shoe Mart of Newnan to make inquiries into business references that you have supplied.

**SIGNATURES**

Title:	Title:
Date:	Date:

*Help us serve you better. Send any changes to:  
theshoemart@aol.com  
(770) 251-7300*