



**SHAWNEE CANNING CO. INC.**

~ A Family Tradition Since 1828 ~

231 Cross Junction Rd.  
Cross Junction, VA 22625  
Ph: 1-800-713-1414  
Fax: 1-540-888-7963  
www.shawneesprings.com

## Account Setup Form

**Business name:**

\_\_\_\_\_

**Billing address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Shipping address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Receiving hours: \_\_\_\_\_

Do you need a lift gate\*? \_\_\_\_\_ Do you need inside delivery\*\*? \_\_\_\_\_

\*Do you have a fork lift to unload the truck? If not, a lift gate can be arranged but it will result in an additional charge of \$20.00 billed on your invoice.

\*\*If your location does not have a loading dock the delivery driver will provide curb-side delivery. If you require that the pallet be brought into your store an additional charge of \$50.00/pallet will be billed on your invoice.

**Primary Contact Information:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

How would you like to receive communication from us?

Email  Print

Preferred Payment Method (Check One):

ACH  Credit Card\*  Terms\*\*

\* If you wish purchase via Credit Card, please provide the information below. Provider (Check One):

**Credit Card Information:**

Name on the card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

\*\* To receive terms with Shawnee Canning Company Inc., please fill out and return the Credit Application that you will find on the next page. Terms are Net 14 upon approval.