



Credit Processing Department
135 Bernice Dr, Besenville IL 60106

New Customer Information Sheet

To expedite your credit approval, please answer all questions. Thank you.

When complete, mail to address at left, or fax to (630)595-2386.

Date: _____

Customer Number: _____

Company Name: _____

Billing Address form with fields for Address 1, 2, 3, City, State, Zip Code, and County.

Shipping Address form with fields for Address 1, 2, 3, City, State, Zip Code, and County.

Bill Payment Center form with fields for Address 1, 2, 3, City, State, Zip Code, and County. Includes note: If different from Billing Address.

Contacts table with columns: Name, Title, Phone (+ Ext), Fax, E-Mail. Rows include Purchasing, Requisitioner, Accounts Payable, and Operating Mgr/Owner.

Anticipated Monthly Purchases: \$ _____

Special Billing Requirements: _____

Special Shipping Instructions: _____
(RAECO ships via UPS Ground unless otherwise directed.)

Sales Tax Exempt (Yes/No): _____

If Yes, please return Exemption Certificate which follows.
(RAECO collects sales tax in IL, IN, WI, IA, and MI.)

Business Federal ID#: _____
or Social Security #: _____

Company Type: (Check One)

- Manufacturer, Contractor, Not-for-Profit Organization, Distributor, Utility, Service, Govt Agency, Engineering Firm

Product or Type of Service: _____

Organization Type: (Check One)

- Sole Proprietorship, Division of, Subsidiary of, Partnership, Corporation

Year Established: _____
Employees: This Location: _____ Total: _____

Business Credit References

Bank Reference

Bank Name: _____ Account: _____
Address: _____
Phone: _____ Fax: _____
Officer's Name: _____

Trade Reference #1

Company: _____ Account: _____
Phone: _____ Fax: _____
Contact: _____

Trade Reference #2

Company: _____ Account: _____
Phone: _____ Fax: _____
Contact: _____

Trade Reference #3

Company: _____ Account: _____
Phone: _____ Fax: _____
Contact: _____

Dun & Bradstreet Number: _____

Authorization for Release of Information:

Name (Printed) _____ Title _____
Signature _____ Date _____

RAECO Internal Use Only

A/C Open Date: _____ Tax Status: _____ SIC Code: _____
C-Limit: _____ Class: _____ # Employees: _____
P-Level: _____ Deft Co #: _____ Mailing Code Flag: _____
C-Terms: _____ Ship Via: _____
Terr #: _____