



# 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**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 3 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Shipping Address**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 3 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Bill Payment Center** *If different from Billing Address.*

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 3 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

Contacts	Name	Title	Phone (+ Ext)	Fax	E-Mail
Purchasing	_____	_____	_____	_____	_____
Requisitioner	_____	_____	_____	_____	_____
Accounts Payable	_____	_____	_____	_____	_____
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)**

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Manufacturer                | <input type="checkbox"/> Distributor | <input type="checkbox"/> Service          |
| <input type="checkbox"/> Contractor                  | <input type="checkbox"/> Utility     | <input type="checkbox"/> Govt Agency      |
| <input type="checkbox"/> Not-for-Profit Organization |                                      | <input type="checkbox"/> Engineering Firm |

Product or Type of Service: \_\_\_\_\_

**Organization Type: (Check One)**

- Sole Proprietorship     Partnership     Corporation

Division of \_\_\_\_\_

Subsidiary of \_\_\_\_\_

Year Established: \_\_\_\_\_

Employees: This Location: \_\_\_\_\_ Total: \_\_\_\_\_

**Authorization for Release of Information:**

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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: \_\_\_\_\_

**Fill out this section for a \$5 credit on your first order!**

**How did you find out about RAECO?**

- |   |  |
|---|--|
| <input type="checkbox"/> Catalog/Direct Mail        | <input type="checkbox"/> Manufacturer Referral |
| <input type="checkbox"/> Friend or Business Contact | <input type="checkbox"/> Internet: _____       |

**Does your mailroom distribute bulk rate mail? Yes No**

**New product and catalog information should be sent to:**

- |  |   |
|--|---|
| <input type="checkbox"/> Billing Address | <input type="checkbox"/> Shipping Address |
|--|---|

**• RAECO Internal Use Only • RAECO Internal Use Only • RAECO Internal Use Only • RAECO Internal Use Only •**

A/C Open Date: \_\_\_\_\_

C-Limit: \_\_\_\_\_

P-Level: \_\_\_\_\_

C-Terms: \_\_\_\_\_

Tax Status: \_\_\_\_\_

Class: \_\_\_\_\_

Deflt Co #: \_\_\_\_\_

Ship Via: \_\_\_\_\_

Terr #: \_\_\_\_\_

SIC Code: \_\_\_\_\_

# Employees: \_\_\_\_\_

Mailing Code Flag: \_\_\_\_\_