



LESMAN

Instrument Company
www.lesman.com

135 Bernice Drive
Bensenville, IL 60106-3366

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: _____
(Lesman ships via UPS Ground unless otherwise directed.)

Sales Tax Exempt (Yes/No): _____

If Yes, please return Exemption Certificate which follows.
(Lesman 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 Lesman?

- | | |
|---|--|
| <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 |
|--|---|

• Lesman Internal Use Only • Lesman Internal Use Only • Lesman Internal Use Only • Lesman 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: _____