



Address 2929 5th Ave Rock Island, IL 61201
 Phone 309.788.5631
 Fax 309.786.3946
 Web www.rilcoinc.com

NEW CUSTOMER APPLICATION

BILL TO:

Name: _____
 Address: _____ PO Box: _____
 City: _____ State: _____ Zip: _____
 Phone: (____)-____-____ Fax: (____)-____-____ Cell: (____)-____-____
 E-mail: _____
 Tax ID: _____ Credit Limit Requested:(Must Complete) _____
 Contact Name(s): _____
 Accounts Payable / Contact name(s): _____ E-Mail: _____
 RILCO INC's standard terms are NET 30
 ** Tax Exempt# (copy of certificate must be attached): _____

SHIP TO
**if different than billing:*

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____)-____-____ Fax: (____)-____-____
 Contact Name(s): _____
 Preferred shipping method: _____
 Shipping instructions: _____

BANKING INFO:

Name: _____
 Address: _____
 PO Box: _____
 City: _____ State: _____ Zip: _____
 Phone: (____)-____-____ Fax: (____)-____-____
 Contact Name(s): _____

CREDIT REFERENCES

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____)-____-____ Fax: (____)-____-____ E-mail: _____
 Contact Name(s): _____

CREDIT REFERENCES

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____)-____-____ Fax: (____)-____-____ E-mail: _____
 Contact Name(s): _____

CREDIT REFERENCES

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 Phone: (____)-____-____ Fax: (____)-____-____ E-mail: _____
 Contact Name(s): _____