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)

❒ Manufacturer ❒ Distributor ❒ Service
❒ Contractor ❒ Utility ❒ Govt Agency
❒ Not-for-Profit Organization ❒ 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?
❒ Catalog/Direct Mail ❒ Manufacturer Referral
❒ Friend or Business Contact ❒ Internet: _____

Does your mailroom distribute bulk rate mail? Yes No

New product and catalog information should be sent to:
❒ Billing Address ❒ Shipping Address

• Lesman Internal Use Only • Lesman Internal Use Only • Lesman Internal Use Only • Lesman Internal Use Only •

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