

RIEKES EQUIPMENT COMPANY
VENDOR MASTER FILE MAINTENANCE
VENDOR # _____
(ASSIGNED BY THE ACCOUNTING DEPARTMENT)

THE FOLLOWING WILL BE COMPLETED BY BRANCH/DEPT.
NEW ACCT EXISTING ACCT

NAME: _____		
ALPHA INDEX: _____		
PHYSICAL ADDR 1: _____		
PHYSICAL ADDR 2: _____		
CITY: _____	STATE: _____	ZIP: _____
CONTACT NAME: _____		
PHONE #: _____	FAX #: _____	
REMIT ADDR 1: _____		
REMIT ADDR 2: _____		
CITY: _____	STATE: _____	ZIP: _____
1099 TIN #: _____ (IF CORPORATION, NOT APPLICABLE)		
TERMS REQUESTED: _____	PURCHASE ORDER?	YES NO
SUBJECT TO SALES TAX? YES NO		
COMMENTS: _____		

THE FOLLOWING WILL BE COMPLETED BY THE ACCOUNTING DEPT.

A/R CUSTOMER NAME (IF APPLICABLE): _____	
A/R CUSTOMER # (IF APPLICABLE): _____	
TERMS GRANTED: _____	
CREDIT APPLICATION COMPLETED? YES NO	
RESALE/EXEMPTION CERTIFICATE COMPLETED? YES NO	