



FOR OFFICE USE ONLY:
 ACCOUNT#:
 SALESMAN:
 CR LIMIT:
 TERMS

CUSTOMER INFORMATION	
COMPANY NAME:	CONTACT:
PARENT COMPANY:	TITLE:
STREET ADDRESS:	PHONE:
CITY STATE ZIP	FAX:
SHIP TO: (If different from above)	
STREET ADDRESS:	THIS IS : COMMERCIAL___ RESIDENTIAL___
CITY STATE ZIP	PHONE:
TYPE OF BUSINESS: CORPORATION___ PARTNERSHIP___ INDIVIDUAL PARTNERSHIP___	
KIND OF BUSINESS: SPORTING GOOD STORE___ PRO SHOP___ RINK___ OTHER___	
YEAR STARTED BUSINESS:	YEARS IN PRESENT LOCATION:
STATE TAX NUMBER:	HAVE YOU PURCHASED A RIEDELL PRODUCT PREVIOUSLY? YES___ NO___ FROM WHO?_____
BANKING: CHECKING___ SAVINGS___ LOAN___	
NAME:	
ADDRESS:	
CITY:	STATE: ZIP:
ACCOUNT#:	
TRADE REFERENCES: PLEASE GIVE COMPLETE ADDRESS	
NAME	ADDRESS:
CITY:	STATE: ZIP:
ACCOUNT#:	PHONE:
NAME	ADDRESS:
CITY:	STATE: ZIP:
ACCOUNT#:	PHONE:
NAME	ADDRESS:
CITY:	STATE: ZIP:
ACCOUNT#:	PHONE: