

Reville Wholesale Distributing, Inc.

NEW ACCOUNT FORM

1. Customer Code: _____ Date: ____/____/____
2. Account Name: _____
3. Address: _____ 5. City: _____
4. Address: _____
County: _____ 6. State: _____ 7. State Abbreviation: _____
8. Zip Code: _____ 9. Contact (Buyer/Manager): _____
9a. Date Entered: ____/____/____ 9b. Owner: _____
10. Phone: (____) _____ Fax: (____) _____

11. History Code: **1 Charge Sales Tax w/History**
 3 Vendor's on File with History - Taxable on Tools & Shop Items**
(** Must have signed Certificate in Northfield to make acct Non-Taxable Status)
 5 Totally Tax Exempt (All Resale or Cities & Towns)

27. Vendor's #: _____ 12. Buyers Mailing Code: Sales Rep Deliver 3 No Flyer

29. **Route Code:** _____

13. Customer Type: 1 (All are 1, Use Matrix for discounts) 14. Statement Code: 2

15. Tax Code: 00 SUMMIT 01 FRNKLN 02 PITTS 03 MERCER 04CLVEAST 05CLVWEST 07CORAOPOLIS
 OHSUMNFC OHFRACOL PAALLPGH PAMERHER OHLAKWIL OHCUYCLE PAALLPGH

16. Terms: Cash Cash/SO (Sprv. _____) Cash/Chg Visa/MC UPS/Visa

16. **P**

This is NOT a Credit Application. Sign Credit Applications must be on file w/approval.

19. Sales Rep #: _____ 24. B/O flag: Leave Blank for YES N for NO Backorders

25. Statement Mail Code: C- Cash I- Mailed on 25th 2- Mailed on 1st M - Mailed Weekly

26. **Warehouse:** 00 NOR 01 COL 02 PHG N 03 MER 04CEAST 05 CWEST 07 PGHS

32. Tire Disposal Fee: Yes (Ohio Only) No (All other states)

Air Certification #: _____ Must have on file to purchase Freon products.)

Drivers License #: _____

• Type of Facility: Service Station Garage Exhaust Shop Vehicles Other

• How many Bays: _____ Mechanics: _____ Years in Business: _____

• Did Somes Recommend Customer Buy From Us: _____

• Type of Work: _____

• Lines Buying Now: _____

• From Whom: _____

• Average Monthly Purchases: _____ (Explain Minimum \$550 per month)

• Opening Order: _____ Information taken by: _____