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NEW CLIENT SET-UP REQUEST

PLEASE COMPLETE AND FORWARD TO ACCOUNTING DEPARTMENT WITH A REQUEST FOR CREDIT.

Date ____/____/____ O'Brien Corp. Sales Rep. _____

Primary Client Contact Name: _____ Department: _____

Telephone No.: _____ Email: _____

BILL-TO:

Company Name: _____

Street Address: _____

City, State, Zip: _____

SHIP-TO:

Company Name: _____

Street Address: _____

City, State, Zip: _____

TYPE OF BUSINESS:

- Proprietorship Partnership Corporation

IS CUSTOMER TAX EXEMPT? NO YES (Exemption No.) _____

****PLEASE ATTACH A COPY OF EXEMPTION LETTER TO THIS REQUEST****

HAS CUSTOMER COMPLETED A REQUEST FOR CREDIT? YES NO

ACCOUNTS PAYABLE:

Contact Name: _____ Title: _____

Telephone No. _____ Fax No. _____ Email _____

PURCHASING:

Contact Name: _____ Title: _____

Telephone No. _____ Fax No. _____ Email _____

Does Customer Use Purchase Order Numbers? YES NO

CUSTOMER CLASS:

- General (product is shipped directly to customer and billed upon completion)
- Warehousing and Distribution Billed-Upon-Completion
- Warehousing and Distribution Bill-As-Shipped (must have approval of President)

DO NOT WRITE BELOW THIS LINE

DATE: _____ ACCT. NO. _____ CREDIT LIMIT \$ _____