



Account Set Up Form

Bill-To Address: Company Name: _____ Bill-To Address: _____ _____ City: _____ State: _____ Zip: _____	Ship-To Address: <input type="checkbox"/> Same as Bill-To If Different: Company Name: _____ Ship-To Address: _____ _____ City: _____ State: _____ Zip: _____
--	---

Contact Name: _____

Phone: _____

E-MAIL: _____

Are you exempt from sales tax? ☐ No ☐ Yes
(Please attach a copy of your tax-exempt certificate)

Applicant Signature: _____

Date: _____

Please return by Email: AccountingKC@RiekesEquipment.com