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ACCOUNT SET-UP FORM

BILLING INFORMATION

Bill To: _____
Address[1]: _____
Address[2]: _____
Address[3]: _____
City: _____
Prov/ST: _____ Post/ZIP: _____
Country: _____
Web address: _____
Tax ID #: _____

Purchasing contact: _____

Purchasing phone: _____
Purchasing fax: _____
Email: _____

Accounts payable contact: _____

Accounts payable phone: _____
Accounts payable fax: _____
Email: _____
Terms: _____

SHIP TO INFORMATION

Ship To: _____
Address[1]: _____
Address[2]: _____
Address[3]: _____
City: _____
Prov/ST: _____ Post/ZIP: _____
Country: _____

Ship to contact: _____

Phone: _____
Fax: _____
Email: _____

BANK REFERENCE

Name: _____
Address: _____
City: _____
Prov/ST: _____ Post/ZIP: _____
Contact: _____
Phone: _____
Fax: _____
Email: _____

COMPANY REFERENCES

Company: _____
Address: _____
City: _____
Prov/ST: _____ Post/ZIP: _____
Contact: _____
Phone: _____
Fax: _____
Email: _____

Company: _____
Address: _____
City: _____
Prov/ST: _____ Post/ZIP: _____
Contact: _____
Phone: _____
Fax: _____
Email: _____

Company: _____
Address: _____
City: _____
Prov/ST: _____ Post/ZIP: _____
Contact: _____
Phone: _____
Fax: _____
Email: _____