

Sales Person: _____



Phone: 1-800-828-0093
706-743-8155
Fax: 706-743-5118

P.O. Box 75
1263 Athens Rd.
Crawford, GA 30630

 Since 1969

Government Customer Information Sheet

City County State Federal

| | | | |
|-------------------------|--|-------------|--|
| Government Agency Name: | | | |
| Contact Person: | | | |
| Phone Number: | | Fax Number: | |
| Email Address: | | | |

| | | | |
|-------------------------------|--|--|--|
| Business Manager's Name: | | | |
| Business Manager's Email: | | | |
| Business Manager's Phone No.: | | | |

| | | | |
|-----------------------------|--|--|--|
| Accounts Payable Contact: | | | |
| Accounts Payable Email: | | | |
| Accounts Payable Phone No.: | | | |

| | | |
|--|------------------------------|-----------------------------|
| Are Purchase Orders Required for ALL purchases: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If only required when above a certain price point please list. | | |
| Federal Tax ID #: | | |

Invoices will be only sent by email, unless noted differently below:

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Email Invoices To: | | | |
| <input type="checkbox"/> Mail To Address Listed Below | | | |

| | | | |
|-------------------|--|--|--|
| Mailing Address: | | | |
| City, State, Zip: | | | |

| | | | |
|-------------------|--|---------|--|
| Shipping Address: | | | |
| City, State, Zip: | | County: | |

| | | | |
|---------------------|--|--|--|
| Methods of Payment: | <input type="checkbox"/> ACH – Automated Clearing House (Authorization form is attached.) <input type="checkbox"/> Government PCard (We accept Visa, MasterCard, and Discover) <input type="checkbox"/> Government Check | | |
|---------------------|--|--|--|

Signature: _____

Date: _____