



Municipality Account Application

*Application must be complete for processing

Customer Type New Existing ID _____

ACCOUNT INFORMATION

FEIN _____ Account Name _____

Address _____ City _____

State ____ Zip _____ Phone: _____

Tax Exempt? Yes* No

***If exempt please include your completed tax-exempt form.**

SHIPPING INFORMATION

Shipping Address (if different than above)

Attention _____

Address _____ City _____

State ____ Zip _____

BILLING INFORMATION

A/P Contact _____ Email _____

A/P Email Invoices _____

A/P Email Statements _____

A/P Phone _____ Do you require a PO number on invoice? Y N

A/P Address (if different than above)

Attention _____

Address _____ City _____

State ____ Zip _____