



Application for a Municipality Account

BUSINESS INFORMATION	
Billing Information	Shipping Information (If different from billing)
Company Name:	Company Name:
Contact Name:	Contact Name:
Title:	Title:
Phone:	Phone:
E-mail:	E-mail:
Billing Address:	Billing Address:
City, State ZIP Code:	City, State ZIP Code:

OTHER CONTACT INFORMATION		
Contact 1	Contact 2	Contact 3
Name:	Name:	Name:
Title:	Title:	Title:
Email:	Email:	Email:
Phone:	Phone:	Phone:

ADDITIONAL INFORMATION	
Salesman Name:	If Tax Exempt must attach state tax form
Phone	Tax Exempt Number:
Taxable: Yes No	State:

AGREEMENT
1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.

SIGNATURES	
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date: