



For Dive Rescue Use Only
Customer Code: _____

Government Agency Application for Open Account

Name of Department _____

Billing Address _____

Shipping Address _____

Shipping Address is a: Business Address Residential Address Rural Address

Telephone _____ Fax _____

Billing Contact _____ Telephone _____

Billing Contact Email _____

Person (s) authorized to place orders _____

Is a Purchase Order required to place orders? Yes No

Will Department pay partial on partial shipments or must delivery be complete for payment? Partial Complete

Tax Exempt # _____ Please include a copy of your tax exempt certificate with this application

FEIN _____

How would you like to receive invoices? Mail Email

Terms: (1) Upon approval of open account, terms are 2% 10 net 30 from date of invoice. (2) Dive Rescue must receive by fax or mail a copy of the entire purchase order before orders will be shipped. (3) Shipping and handling charges are F.O.B. Fort Collins, CO and will be billed to the department. Please include these amounts on purchase order. If an estimate is needed, please call us.

We certify the information on the application is correct. We fully understand your credit terms and agree to proper payment in consideration of extended credit. We understand Dive Rescue may, at its discretion and without notice, remove our credit status for failure to maintain our account within terms.

Please return this application with a letter on department letterhead stating that you wish to open an account with us. Thank you.

Typed/ Printed Name _____ Title _____

Signature of Authorized Person _____ Date _____

Please submit this form by **Fax:** (970) 482-0893 or **Email:** Accounting@DiveRescueIntl.com

If you would like to receive periodic mailings about equipment and/or training specials please [Sign up for our Newsletter](#) or provide the preferred contact email address here: _____