Government Agency Application for Open Account

Name of Department _____

Shipping Address _____

City _____ State _____ Zip _____

Shipping Address type is: Business ☐ Residential ☐ Rural ☐

Billing Information

Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Is a Purchase Order Required? Yes ☐ No ☐ Only for orders over $_____

Person(s) Authorized to place orders without a Purchase order _____

_____

Preferred Invoice Delivery Method: Mail ☐ Email ☐

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 _____

Terms: (1) Upon approval of open account, terms are 2% 10 net 30 from date of invoice. (2) Dive Rescue International, Inc. must receive by fax, mail, or email 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 the purchase orders. If an estimate is needed, please call.

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

Typed/Printed Name _____ Title _____

Authorized Signature _____ Date _____

Please Return this application with a letter on department letterhead stating that you wish to open an account with us.
Please Submit this form by **Fax:** (970) 482-0893 or **Email:** Accounting@DiveRescueIntl.com