



# Government Agency Application for Open Account

Name of Department \_\_\_\_\_

Billing Contact \_\_\_\_\_

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 # \_\_\_\_\_ FEIN \_\_\_\_\_

*Please include a copy of your tax exempt certificate with this application*

### Shipping Information *if different from above*

Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Shipping Address type is: Business Residential Rural

**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