

Government Agency Application for Open Account

Name of Department				
Billing Address				
Shipping Address				
Shipping Address is a:	Business Address	Shipping Address	Rural Address	
Telephone		Fax		
Billing Contact Email				
Billing Contact		Telephone		
Person(s) Authorized to	Place Orders			
Is a Purchase Order Req	uired to Place Orders?	🗌 Yes 🗌 No		
Will Department pay part	ial on partial shipments o	must delivery be complet	te for payment? 🔲 Partial	Complete
Tax Exempt #	Pleas	e attach a copy with this a	application	
FEIN				
How would you like to rec	ceive your invoices:	Mail 🗌 Email Email /	Address	
Would your department li training specials from Div		emails about equipment a	and/or 🗌 Yes 🗌 No	
If you answered "YES", p	lease enter email addres	s here:		
charged a finance char receive by fax or mail a	rge of 1.75% per month copy of the entire purcha	n. This is an annual per se order before orders wi	date of invoice. (2) All particulate centage rate (APR) of 21 9 Il be shipped. (4) Shipping a these amounts on purchas	%. (3) Dive Rescue must and handling charges are
	d credit. We understand		nd your credit terms and ag iscretion and without notice,	

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

Typed or Printed Name		Date	
Signature of Authorized I	Person		

If you choose to submit this form by email, please fax your <u>tax exempt certificate</u> and <u>request to open an account on letterhead</u> to (970) 482-0893 or scan and email it to <u>lmeininger@diverescueintl.com</u>