



## New Customer Setup Form

Name (Parent Company/School District): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are there other locations? No ; Yes - If yes, list additional locations on the following pages.

### -----Accounts Payable Information-----

Company/School District for Invoice Address: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Direct phone # & ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Please answer the following questions regarding your A/P process (Check all that apply):**

How would you prefer to receive your invoice? E-mail ; USPS

Invoices are generally paid: singly ; weekly ; monthly

Payment method: On Account ; Credit Card (card information requested at time of payment)

Are you tax exempt? No ; \*Yes

*\*Please provide a copy of your tax exempt certificate with this form.*

Are PO #'s used: No ; Yes Blanket PO's No ; Yes

Do you use vouchers that require an IPS global signature? No ; \*\*Yes Note: \_\_\_\_\_

*\*\*If yes, please note that the voucher is required at the time an order is placed.*

Are invoices approved through board meetings? No ; Yes When: \_\_\_\_\_

Please specify email address for shipment notification: \_\_\_\_\_

**LOCATION 1:**

Name (Company/School District): \_\_\_\_\_  
Attention: \_\_\_\_\_ Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Onsite IT Contact:** \_\_\_\_\_ **Onsite Equip. Contact:** \_\_\_\_\_  
IT Phone & Ext: \_\_\_\_\_ Equip. Phone & Ext: \_\_\_\_\_  
IT Email Address: \_\_\_\_\_ Equip. Email Address: \_\_\_\_\_

**LOCATION 2:**

Name (Company/School District): \_\_\_\_\_  
Attention: \_\_\_\_\_ Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Onsite IT Contact:** \_\_\_\_\_ **Onsite Equip. Contact:** \_\_\_\_\_  
IT Phone & Ext: \_\_\_\_\_ Equip. Phone & Ext: \_\_\_\_\_  
IT Email Address: \_\_\_\_\_ Equip. Email Address: \_\_\_\_\_

**LOCATION 3:**

Name (Company/School District): \_\_\_\_\_  
Attention: \_\_\_\_\_ Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Onsite IT Contact:** \_\_\_\_\_ **Onsite Equip. Contact:** \_\_\_\_\_  
IT Phone & Ext: \_\_\_\_\_ Equip. Phone & Ext: \_\_\_\_\_  
IT Email Address: \_\_\_\_\_ Equip. Email Address: \_\_\_\_\_

**LOCATION 4:**

Name (Company/School District): \_\_\_\_\_  
Attention: \_\_\_\_\_ Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Onsite IT Contact:** \_\_\_\_\_ **Onsite Equip. Contact:** \_\_\_\_\_  
IT Phone & Ext: \_\_\_\_\_ Equip. Phone & Ext: \_\_\_\_\_  
IT Email Address: \_\_\_\_\_ Equip. Email Address: \_\_\_\_\_



## ADDITIONAL CONTACTS

List all pertinent contacts for your account.

### CONTACT 1:

Name (First and Last): \_\_\_\_\_  
Job Title/Responsibilities: \_\_\_\_\_  
Location/Building: \_\_\_\_\_  
Phone & Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### CONTACT 2:

Name (First and Last): \_\_\_\_\_  
Job Title/Responsibilities: \_\_\_\_\_  
Location/Building: \_\_\_\_\_  
Phone & Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### CONTACT 3:

Name (First and Last): \_\_\_\_\_  
Job Title/Responsibilities: \_\_\_\_\_  
Location/Building: \_\_\_\_\_  
Phone & Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### CONTACT 4:

Name (First and Last): \_\_\_\_\_  
Job Title/Responsibilities: \_\_\_\_\_  
Location/Building: \_\_\_\_\_  
Phone & Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## FOR INTERNAL USE ONLY.

PEPPM / Costars                      Base

Sales Representative: \_\_\_\_\_

When you click 'Submit' below you will be prompted to print a copy of this document, a copy will also be emailed to our office. If you do not get a prompt to email this form to IPS, please save a copy of this form and email it to [admin@ipsG7.com](mailto:admin@ipsG7.com), thank you.