

New Customer Setup Form

Name (Parent Company/School District):	
Address:	
City:	County:
State:	ZIP:
Phone:	Fax:
Are there other locations? No ; Yes - I	f yes, list additional locations on the following pages.
Accounts	Payable Information
Attention:	
Street Address:	
State:	Zip:
Accounts Payable Contact:	
Direct phone # & ext:	Fax:
Email Address:	
Please answer the following questions re	egarding your A/P process (Check all that apply):
How would you prefer to receive your invoic	e? E-mail ; USPS —/———
Invoices are generally paid: singly ; wee	
Payment method: On Account ; Credit Ca	ard (card information requested at time of payment)
Are you tax exempt? No ; *Yes *Please provide	e a copy of your tax exempt certificate with this form.
Are PO #'s used: No ; Yes Blank	cet PO's No ; Yes
Do you use vouchers that require an IPS glo	obal signature? No ; **Yes Note:
**If yes, please no	te that the voucher is required at the time an order is placed.
Are invoices approved through board mee	tings? No ; Yes When:
Please specify email address for shipment r	notification:

LOCATION 1: Name (Company/School District):	Y	
	Location:	
Address:		
City:		
State:		
	Fax:	
	Onsite Equip. Contact:	
IT Phone & Ext:		
IT Email Address:	Equip. Email Address:	
LOCATION 2:		
Name (Company/School District):	Militarian 'i' iiii iiiiiiiiiiiiiiiiiiiiiiiii	
Attention:	Location:	
Address:	99999999999	
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:		
	County:	
	ZIP:	
	Fax: Onsite Equip. Contact:	
IT Phone & Ext:	Equip. Phone & Ext:	
	Equip. Finale & Ext Equip. Email Address:	
Ti Etilali Address.	Equip. Email Address.	
LOCATION 4:		
	Location:	
	Location.	
City:	County:	
State:		
	Fax:	
	Onsite Equip. Contact:	
IT Phone & Ext:		
IT Email Address:		
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ADDITIONAL CONTACTS

List all pertinent contacts for your account.

CONTACT 1:					
Name (First and Last):					
Job Title/Responsibilities:					
Location/Building:			P.		
Phone & Ext:		Fax:	Fax:		
Email:					
CONTRA CITA					
CONTACT 2:					
Name (First and Last):	7 94918 F 6 8 3 2 4 4 1	9594 89 168 8666 1883 84666			
Job Title/Responsibilities:		93099			
Location/Dunding.					
Phone & Ext:	# 1 4 4 6 6 6 6 B W 9 B 6 6	Fax:			
Email:		000	And the second second		
CONT. CT.					
CONTACT 3:					
Name (First and Last):					
Job Title/Responsibilities:	NOOD /				
Location/Building:					
Phone & Ext:		Fax:			
Email:					
CONTACT 4:					
Name (First and Last):					
Jou Tiue/Responsioniues. Location/Ruilding:		00000000000000000000000000000000000000	100 mm		
Dhone & Ext:		Fov			
Email:		rax			
Lilian		11111111111			
		1111111			
FOR INTERNAL USE O	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, thank you.