

Account Manager to complete form and submit it to Accounts Receivable.



7603 Highway 71 South Alexandria, LA 71302
Office: (318) 448-4225 Fax: (318) 448-4171
accounting@sayesoffice.com

For Office Use Only
Account#: _____
Sales Rep: _____
Date: _____
Contract: _____

New Account Information

Name: _____

Phone #: _____ Fax #: _____

Email Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact Person: _____ Phone #: _____

Accounts Payable Email Address: _____

Shipping Address: _____ P.O. Required: YES NO

City: _____ State: _____ Zip: _____

Sales Tax Exempt # (if applicable) _____

File Sales Tax with _____ Parish **In or Out** of City Limits Sales Tax Exemption: **YES** or **NO**
(circle **In** or **Out**) (if yes, enclose signed certificate)

BILL TO CUSTOMER'S CREDIT CARD

Type of Credit Card: MASTERCARD VISA AMERICAN EXPRESS DISCOVER

Name on Card: _____ Expiration: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card #: _____ Security Code: _____

Email Address for Credit Card Receipts: _____

WEB USER INFORMATION

User Name: _____ User Name: _____

Email Address: _____ Email Address: _____

Delivery Address: _____ Delivery Address: _____

Monthly Statements are to be:

Circle One: Mailed via USPS Emailed to the Accounts Payable Email Address