



Customer Account Application

Receipt of payment is required within 30 days from receipt of goods.

Organization Legal Name: _____

Organization Type:

- Local Government
- State Agency
- Federal Agency
- Other: _____

Shipping Address:

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

Accounts Payable:

Full Name: _____

Phone: _____

Email: _____

Position / Title: _____

Primary Purchaser:

Full Name: _____

Phone: _____

Email: _____

Position / Title: _____

List any additional authorized purchasers (separate by commas):

Organization's Policy Regarding Physical Purchase Orders:

- Physical PO Required for All Purchases
- Physical PO Required for orders over \$_____
- Not Required (Badge & Wallet Requires WRITTEN confirmation for orders over \$1000)

I, _____, am an authorized representative of the above named organization. I understand that any orders placed on BadgeAndWallet.com using the Purchase Order payment method will be processed and my organization will be responsible for payment.

Signed: _____

Date: _____