

INSTITUTIONAL CUSTOMER INFORMATION FORM

The information included on this form will be used to setup your account(s) in our computer system as well as ensure accurate and timely delivery of your needed items to your location.

Contact Name: _____ Email: _____

Agency/Entity: _____ Location Name: _____

Location Address: _____

Contact Phone: _____ Contact Fax: _____

Is there an internal number that identifies your location that you would like to include in your account number such as a facility number or garage number? If so, please include and describe if necessary:

Do you require any special information to be included on your invoices such as Work Order Number or Purchase Order Number? If so, please explain:

How do you plan to pay for your purchases:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> PO
If by Purchase Order:	<input type="checkbox"/> Blanket PO	<input type="checkbox"/> Individual PO
Do you require Vouchers to be filled out for payment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require copies of invoices to be sent to a particular person to be paid or reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to remit payments to an address of our choice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Accounts Payable Contact Name: _____

Accounts Payable Address: _____

Accounts Payable Phone: _____ Fax: _____

Do you wish to be contacted to answer questions or provide additional information at this time? Yes No

Federal Tax ID#: _____ Taxable: Yes No

Office Use Only:

SLP: _____	SEL: _____	PAY: _____	DEF: _____	QPA: _____	PSP: _____
C/B: _____	VDM: _____	CCT: _____	CPO: _____	CSB: _____	ART: _____
SPL: _____	LFD: _____	TYP: _____	RMA: _____	NA#: _____	
NA2: _____	REG: _____	MET: _____	LOC: _____		

Please return this form completed to **fleetparts@autoplusap.com** or **Fax 1-800-723-1377**
IF TAX EXEMPT, PLEASE ATTACH SALES TAX EXEMPTION CERT WITH FORM