

Application for Government Account

Jamestown Distributors
17 Peckham Dr
Bristol, RI 02809



Attn: Account Management
Phone: 1-800-497-0010
Fax: 1-401-254-5829
acctmgmt@jamestowndistributors.com

Agency Name: _____ Date: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Ship Address: _____
City: _____ State: _____ Zip: _____
Business Phone#: () - Business Fax#: () -
Email: _____ Web site: _____

Print names of up to 3 full-time employees authorized to purchase on this account :

Buyers: 1. _____ 2. _____ 3. _____
Title: _____
Email: _____

What type of merchandise would you like to buy? _____
Projected monthly purchases: \$ _____

What type of Government Agency? (check one) Federal State Local
Payment method: (check one) Credit Card Federal Credit Card Open Terms*

* Please complete if you are applying for an Open Terms account:

Purchase order required? Yes No

For open terms attach a copy of the terms and conditions section of your purchase order to the application.

Purchase orders are to be issued to Jamestown Distributors.

Accounts Payable contact: _____ Phone: () - _____
Email Address: _____ Fax: () - _____

Payments are to be made payable to: Jamestown Distributors
17 Peckham Dr.
Bristol, RI 02809-2734

We accept Wire, ACH or EFT in US dollars. Contact Accounts Receivable for wire instructions (800) 423-0030

TAX EXEMPTION:

If applicable to your agency a copy of valid tax exempt documentation must be included with this application in order to be considered for tax exempt purchases.

****SIGNATURE IS REQUIRED FOR ALL APPLICATIONS ****

I, purchaser, certify that all statements in this application are true, complete, and authorize any investigation needed for verification. I hereby agree to seller's terms and conditions of sale as documented by the seller and agree to make all payments due.

Signature: _____ Date: _____
Title: _____ Phone: () - _____

For Jamestown Distributors Use Only

Processed by	Date	Sales Person	Zone	Category	Ship Via	Account #