

New Customer Account Form

Department / Agency (Legal) Name: _____

Current Agency Chief / Captain: _____

Cell Number: (_____) _____ - _____

Alternate Number: (_____) _____ - _____ Type: Work Home Other

Preferred Time For Contact: _____

Email Address: _____

Point of Contact for Ordering Equipment / Gear: _____

Phone Number: (_____) _____ - _____

Alternate Number: (_____) _____ - _____ Type: Work Home Other

Preferred Time For Contact: _____

Email Address: _____

Point of Contact for Ordering / Scheduling Service (Vehicle Sargent / Operations):

Phone Number: (_____) _____ - _____

Alternate Number: (_____) _____ - _____ Type: Work Home Other

Preferred Time For Contact: _____

Email Address: _____

Main Station Physical Address:

For Deliveries / Service Technicians may we have your door access code? Yes No

Door Code(s) : _____

Shipping Address (if different than above): Is this address residential? Yes No

Mailing Address (if different from above):

Point of Contact for Billing/Accounts Payable: _____

Phone Number (if different than above): (_____) _____ - _____

Alternate Number: (_____) _____ - _____ Type: Work Home Other

Accounts Payable/Invoicing Email: _____

Accounts Payable/Invoicing Address:

Preferred method of delivering invoices (Please circle one or both): Mail Email

Federal Tax ID #: _____ - _____

Is your agency currently Tax Exempt? YES NO

IF your agency is tax exempt please forward a copy of your current tax exemption form along with this form via one of the following methods:

Email: general.vestsales@gmail.com

Fax: (540) 251 – 0340

Mail: Vest's Sales & Service, Inc.

1157 Stonewall Rd NE

Check, VA 24072

Preferred / Requested Payment Terms? _____

Preferred Payment Type?: Check Credit Card

Optional Information:

Department Website Address: _____

Meeting Nights: _____

Training Nights: _____