



C4SEM HONOR LINE STORE
FROM: C4SEM CREDIT DEPT
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This form aims to ensure that our clients' identity is properly verified to comply with C4SEM due diligence policies regarding account credit limits and that your C4SEM Net 30 account matches your agency/department current configuration. Information in the fields with an asterisk (*) are required.

This form should be signed and returned using the email or fax number listed above.

AGENCY DEMOGRAPHIC:										
* AGENCY'S NAME					D.B.A. (if applicable)					
* PHONE NUMBER					* FAX NUMBER					
* ACCOUNTS PAYABLE CONTACT						* ACCOUNTS PAYABLE EMAIL				
* PURCHASING CONTACT						* PURCHASING EMAIL				
BILL TO:										
* ADDRESS										
* CITY					* STATE		* ZIP CODE			
SHIP TO:										
* ADDRESS										
* CITY					* STATE		* ZIP CODE			
AGENCY INFORMATION:										
* TYPE OF AGENCY										
* ESTIMATED MONTHLY PURCHASES					AGENCY SIZE / # OF OFFICERS					
* FEDERAL I.D. #					FISCAL YEAR-END					
* TAX I.D. #					FOR SALES TAX EXEMPTION, A COPY OF A CURRENT TEC (INDIANA ST-105) IS REQUIRED WITH THIS FORM.					
* FUNDING SOURCE		FEDERAL			GRANTS / DONATIONS / VOLUNTEER					
		STATE			VOUCHER __Y or __N					
		COUNTY			(specify if required with the invoice for payment):					
		CITY / TOWN / VILLAGE								

ARE PURCHASE ORDERS REQUIRED?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
RESTRICTED TO AUTHORIZED BUYERS?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES (If Yes, please list <u>individual</u> names of Authorized Buyers below):

I hereby declare that all the information above, is true, accurate, and complete and C4SEM is entitled to rely fully on such information and representation as may be required by law, unless C4SEM receives notice in writing of any change thereafter.

AUTHORIZED SIGNATURE (MUST BE SIGNED BY TREASURER, CHIEF, OR OTHER AUTHORIZED INDIVIDUAL)

PRINTED NAME		TITLE	
SIGNATURE		DATE	

APPROVAL AND CERTIFICATION: (C4SEM USE ONLY)

ACCOUNT #		CREDIT LIMIT/TERM		AUTHORIZATION	
ACCOUNT REP				NOTE	