

Account Application revised 12.20.07

Department Name:	
Department Contact Person:	Rank/Position:
Accounts Payable Contact:	Phone:
Department Phone Number:	Fax Number:
Email Address:	
Department Billing Address:	
Department Shipping Address:	
Atlantic Tactical Salesperson:	
Account Specifications (Please choose one of the	e following):
be for department use only and will be paid wipersonal purchase are prohibited. Allow Any Officer with Our Depar	personal purchases. All Purchases on this account will th Department Funds. For Sales Tax Purposes, tment to Charge to this Account without a PO to Purchase Under this Account without a PO
Other:Other: The below signed agree with the aforementions best of their knowledge.	ed conditions and certify information is accurate to the
Highest Ranking Supervisor/Chief Signature:	Title:
Printed Name:	Date:
Treasurer/ Mayor Signature:	Title:
Printed Name:	Date:

- Both Signatures are required For any department requesting "Verbal PO" or "No Purchase Order Required"
- Effective 12/14/07, we will be processing checks electronically. Original checks will be secured for 30 days and then destroyed. Any questions or concerns, please contact accounts receivable.*