

Date: _____

Company Name: _____

Billing Address: _____

Billing City: _____

Billing State: _____

Billing Zip Code: _____

Billing County: _____

Shipping Address: _____

Shipping City: _____

Shipping State: _____

Shipping Zip Code: _____

Shipping County: _____

Phone Number: _____

(800) Phone Number: _____

Fax Number: _____

Company Web Site: _____

Company E-mail: _____

Does Your Company Have a Manufacturing Certificate: _____

On Site Tax Rate: _____

Which Methods of Authorization Will Your Company Allow?

Company Slip: _____ Phone Call: _____

Company ID Badge: _____ Fax: _____

Walk-in's: _____ E-mail: _____

What Items Will Your Employees be Able to Charge on the Account?

Safety Footwear: _____

Non-Safety Footwear: _____

Care Products for Footwear (boot oil, insoles, socks, etc.): _____

Clothing: _____

Other: _____

Company Will Pay: _____

Company Allows Payroll Deduction: _____

Number of Paydays Charges will be Deducted: _____

Able to Charge the Full Amount of Purchase to the Company: _____

Amount Employee Pays at the Time of Sale: _____

Purchase Orders Required: _____

Blanket Purchase Order Number: _____

Number of Eligible Employees: _____

Paydays Fall on Which Day(s) of the Month: _____

Mobile Truck Service: _____

Number of Notices: _____

Number of Shift Changes: _____

Preferred Times for the Mobile Truck Service: _____

Parking Location(s) for the Mobile Truck Service: _____

What Other Items Does Your Company Purchase (gloves, shirts, pants): _____

Contact Information

Safety Contact Name: _____

Title: _____

Phone Number: _____

Extension: _____

E-mail: _____

Able to Authorize Employee Purchase: _____

Accounting Contact Name: _____

Title: _____

Phone Number: _____

Extension: _____

E-mail: _____

Able to Authorize Employee Purchase: _____

Management Contact Name: _____

Title: _____

Phone Number: _____

Extension: _____

E-mail: _____

Able to Authorize Employee Purchase: _____

Purchasing Contact Name: _____

Title: _____

Phone Number: _____

Extension: _____

E-mail: _____

Able to Authorize Employee Purchase: _____

Notice Contact Name: _____

Title: _____

Phone Number: _____

Extension: _____

E-mail: _____

Able to Authorize Employee Purchase: _____

Other Contact Name: _____

Title: _____

Phone Number: _____

Extension: _____

E-mail: _____

Able to Authorize Employee Purchase: _____

PLEASE INCLUDE THREE REFERENCES AND PHONE NUMBERS WHEN YOU RETURN THIS ACCOUNT PROFILE SHEET.