



# NEW YORK BUS SALES

## SCHOOL DISTRICT CUSTOMER SET UP FORM

Name of person completing this form: \_\_\_\_\_

DATE: \_\_\_\_\_

**ALL BLANKS MUST BE FILLED IN. IF "NOT APPLICABLE" PLEASE WRITE N/A**

Legal Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

TYPE OF PURCHASE CONTROL: \_\_\_\_\_ PO ONLY \_\_\_\_\_ PHONE \_\_\_\_\_ CONTRACT

### **PAYMENT TERMS ARE NET 30 DAYS**

Phone #: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### **BILL TO INFORMATION:**

#### **SHIP TO ADDRESS (IF DIFFERENT)**

NAME ON INVOICE \_\_\_\_\_

\_\_\_\_\_

P.O. Box \_\_\_\_\_

\_\_\_\_\_

STREET \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_

\_\_\_\_\_

STATE/ZIP \_\_\_\_\_

\_\_\_\_\_

A/P SUPERVISOR \_\_\_\_\_

PURCH. AGENT \_\_\_\_\_



# NEW YORK BUS SALES

TO OUR VALUED CUSTOMERS

## DELIVERY TO YOU OF BILLING INVOICES AND MONTH END STATEMENT OF ACCOUNT

We are pleased to let you know that you can now receive these documents either via email or fax, instead of the US Mail.

These options will save paper and reduce the possibility of documents getting lost in the delivery process.

Please indicate your choice of delivery below, and return this letter to either [ar@newyorkbussales.com](mailto:ar@newyorkbussales.com) or fax to 315-687-7396, attention Accounts Receivable.

If you need further information, please call us at 315-687-3969 and ask for the Accounts Receivable department.

A handwritten signature in blue ink that reads "Les Mauer".

Les Mauer  
Controller

Customer Name \_\_\_\_\_

ATTENTION: \_\_\_\_\_

Deliver to (your email address) \_\_\_\_\_

OR

Fax to \_\_\_\_\_

Today's date \_\_\_\_\_

Your Name \_\_\_\_\_

Signature \_\_\_\_\_

Department \_\_\_\_\_