



## 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**

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**BILL TO INFORMATION:**

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

Name on Invoice: \_\_\_\_\_

Name on Invoice: \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

A/P Supervisor: \_\_\_\_\_

Purch. Agent: \_\_\_\_\_



**TO OUR VALUED CUSTOMERS**

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

**MAKE THE SWITCH TO ELECTRONIC DELIVERY!**

You currently receive your invoices and statements via the US Mail.

Many of our customers have switched to the convenience of having these documents delivered in an eco-friendly way – electronically via email. Among other things, this option reduces the possibility of documents getting lost in the mail delivery process.

If you wish to select this option, please complete the information listed below and return this letter to either [ar@newyorkbussales.com](mailto:ar@newyorkbussales.com) or fax to 315-687-7396, ATTN Accounts Receivable. You can select up to two people to receive your invoices and statements.

If you need further information, please call us at 800-962-5768 and ask for the Accounts Receivable department (ext. 257).

Jeff Purdy

Controller

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

Contact #1:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact #2:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Department: \_\_\_\_\_