

1. Form is a fillable PDF with Adobe Reader or simply print and email.
2. Application to be completed by an authorized manager.
3. NYS customers, please send tax-exempt certificate (if non-taxable) or resale certificate for commercial accounts.
- 4. Submit by saving and emailing to customer.service@archivalmethods.com.**

Company Name: _____

DBAs (if any): _____ Federal ID #: _____

Billing Address: _____

Dept.: _____

Attn: _____

Phone: _____

Email: _____

Note: Registered website account should be entered here and orders placed using this email.

Please check your organization's business structure:

Government Nonprofit Corporation Other: _____

Date business established: _____ Years under current mgmt.: _____

Owner/Officer's name & title: _____

Preferred Contact

Name: _____

Phone: _____

Email: _____

Accounts Payable Contact

Name: _____

Phone: _____

Email: _____

CONTINUED ON NEXT PAGE

**Commercial and nonprofit applications, please complete the References section.
Government applications, skip to the Authorized Manager section below.**

COMPANY #1

Name: _____

Address: _____

Contact Name: _____

Phone: _____

COMPANY #3

Name: _____

Address: _____

Contact Name: _____

Phone: _____

COMPANY #2

Name: _____

Address: _____

Contact Name: _____

Phone: _____

Are W-9 forms required? If yes, we will send them to the attention of the Authorized Manager.

Yes No

Authorized Manager's name required to process application.

By submitting this form, you authorize Archival Methods LLC or its agents to proceed with the processing of your application. This processing includes contacting references provided and obtaining credit or any other information necessary to determine creditworthiness.

Name: _____

Signature: _____

Title: _____

Date: _____