

Institutional / Commercial Accounts Application (2 pages)

1. Make sure application is approved by an authorized manager. **Bold fields are required to be filled in.**
2. NY State customers please fax a copy of your tax-exempt certificate, if non taxable, or resale certificate for commercial accounts.
3. **Submit by clicking E-mail button (Adobe 7 required for e-mail button) or print and fax completed application to 585-334-7067. Thank you!**

Company Name:

D/B/A's, if any: **Federal I.D.**

Billing Address: **Ship To:** if different

Dept:

Dept:

Attention:

Attention:

Phone:

Phone:

Fax:

Fax:

E-Mail

E-Mail

Please check your organization business structure:

Government Non Profit Corporation Other

Years under current management :

Date Business Established:

Owner / Partner /Officer's name, title:

We will confirm orders with authorized buyers before processing.

Authorized Buyers

Name:

Phone:

Fax:

E-Mail

Accounts Payable Contact

Name:

Phone:

Fax:

E-Mail

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Application, (Page 2 of 2) Non Profit and Commercial accounts please complete fully. Government applications please skip to authorized manager section.

Please provide three trade references.

Company Name #1:

Name:

Address:

Contact name:

Phone:

Company Name #3:

Name:

Address:

Contact name:

Phone:

Company Name #2:

Name:

Address:

Contact name:

Phone:

When W-9 forms are required please indicate, we will send them to the attention of 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 other information necessary to determine creditworthiness.

Name:

Title:

Date:

Digital Signature (if available)

Signature via Fax: _____