



**NEW ACCOUNT FORM – Government / Law Enforcement Application**

**Complete and FAX to 623-516-7917**

Business / Agency Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_ Alternate Contact Phone \_\_\_\_\_ Fax

# \_\_\_\_\_ Email Address \_\_\_\_\_

**Billing Address:**

Street Address 1 \_\_\_\_\_ Suite / Room # \_\_\_\_\_

Street Address 2 \_\_\_\_\_ City

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Shipping Address:**

Street Address 1 \_\_\_\_\_ Suite / Room # \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does your organization require a Purchase Order to order? Yes \_\_\_\_\_ No \_\_\_\_\_ Authorized

purchaser(s) name(s):