



Return form to:

TEECO Safety, Inc.  
Accounts Receivable  
PO Box 7784, Shreveport, LA 71137  
Fax—318-424-5184  
Phone—318-424-5176  
rebecca@teecosafety.com

### **NEW ACCOUNT FORM**

(This is for government departmental use **only**. TEECO Safety can not extend credit to non-government agencies)

**DEPARTMENT NAME** \_\_\_\_\_

**Please Check One:** *Federal*      *State*      *City*      *County*      What County is this department in? \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_      **STATE:** \_\_\_\_\_      **ZIP:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_      **FAX #:** \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT FOR BILLING PURPOSES:**

**NAME** \_\_\_\_\_      **EMAIL** \_\_\_\_\_

**PHONE** \_\_\_\_\_      **FAX** \_\_\_\_\_

**SHIPPING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_      **STATE:** \_\_\_\_\_      **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_      **FAX #:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**DEPARTMENT WEB ADDRESS:** \_\_\_\_\_

**Sales Tax Exempt:** YES NO      **Federal Excise Tax Exempt:** YES NO

**PURCHASE ORDER REQUIRED:** YES (If yes, for what amount(s)?) \_\_\_\_\_ NO

If no purchase order is required, please list names of authorized person(s) who can make purchase(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_