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**Credit Application for
 Government/Public School/Universities/Colleges**

Name/Address

Last:	First:	MI:	Date:
Federal Tax ID Number:	Do you require a purchase order number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax Exempt Status <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Entity:			
Billing Address:			
City:		State:	ZIP:
Shipping Address (if different than billing address)			
Phone Number:		Fax Number:	
Accounts Payable Contact:		Email Address:	

Company Information

Type of Entity: <input type="checkbox"/> Government <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> County <input type="radio"/> City	<input type="checkbox"/> Public School <input type="checkbox"/> College (only accredited college) <input type="checkbox"/> University
Number of Employees (for school only):	
If Division/Subsidiary, Name of Parent Entity:	

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit.

Authorized Signature: _____

Title: _____

Printed Name: _____

Email Address: _____