

AGENCY APPLICATION FOR CREDIT TERMS



CopQuest, Inc. Quality Public Safety Products
 Attn: Credit Manager
 365 Camino Carillo, Unit A
 Camarillo, CA 93012
 www.CopQuest.com

Tel: (805) 388-0707
 Fax: (805) 388-0771
 credit@copquest.com

Open PO # _____ / ____ / ____
 (CopQuest Use Only) (Approved) (Date)

All information must be completed in full. All information will be held in strict confidence.

ORGANIZATION

_____	_____
Name	Telephone
_____	_____
Address	Fax
_____	_____
City, State, Zip Code	Contact Person/E-Mail address

Credit for: Corporation Municipality County Incorporated in last 12 months

Check if billing contact and address are same as above

BILLING

Name of City/County

_____	_____	_____	_____	_____
Department	Address	City	State	Zip Code

_____	_____	_____
Contact Name	E-Mail Address	Telephone/Extension

CREDIT REFERENCES

_____	_____
Dun & Bradstreet Number	Federal ID Number

_____	_____	_____	_____	_____	_____
Name / Account Number	City	State	Zip Code	Phone	Fax Number

_____	_____	_____	_____	_____	_____
Name / Account Number	City	State	Zip Code	Phone	Fax Number

_____	_____	_____	_____	_____	_____
Name / Account Number	City	State	Zip Code	Phone	Fax Number

I (we) certify that all the above information is true and correct and that we will comply with your credit terms.

All Purchase Orders/Vouchers must be on Agency Letterhead, with authorized signature(s).

Terms of Payment are 30 Days from Date of Invoice.

_____	_____
Authorized Agency Signature / Printed Name	Authorized Municipal/Billing Signature / Printed Name
_____	_____
Title	Title
_____	_____
Date	Date