



DIRECT BILL ACCOUNTS RECEIVABLE INFORMATION

Office Responsible for Payment:

COMPANY NAME: The Salvation Army – (Use Office Name provided by Customer on form, EX: The Salvation Army – St Pete ARC)

The Salvation Army –

Street Address:

City:

State:

Zip Code:

Office Ph:

Fax:

Office's AP/Finance Name:

Employee Moving:

Office's AP/Finance Email:

Employee Cell #:

P.O. REQUIRED? Yes No **TAX EXEMPT** Yes No *If yes, certificate must be attached to apply.*

PERSONS AUTHORIZED TO ORDER ON THIS ACCOUNT	

SPECIAL INSTRUCTIONS – BILLING REQUIREMENTS

PLEASE SELECT YOUR TERRITORIAL HEADQUARTERS OFFICE:

- Central – Des Plaines, IL
- Eastern – West Nyack, NY
- Southern – Atlanta, GA
- Western – Long Beach, CA
- National Headquarters – Alexandria, VA

Moving From City/ST

Moving To

INTERNAL USE ONLY: TO BE COMPLETED BY ACCOUNTING

Verified

Credit Limit \$:

Approved by:

Date:

Notes: