



# New Customer Credit Request Form

441 E McDowell Rd, Phoenix, AZ 85008 ♦ 602 272-7600 ♦ sales@aci.az.gov

Business Name: \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_

Street: \_\_\_\_\_

Sales Tax Exempt: [ ] Yes [ ] No

(If yes, please fax copy of certificate to avoid processing delays)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Bill to** (Check here \_\_\_ if same as above.)

Accounts Payable Contact

Street: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have furnished the above information on this application for the purpose of obtaining credit and I represent that all the information is true and current.

Applicant

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Credit Line Request: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

Please print, sign and fax completed application to 602 272-1007. To expedite processing, your completed, signed or unsigned application may be submitted via email (sales@aci.az.gov). Final approval **will not** be granted until a signed application is received by Arizona Correctional Industries.

## Arizona Correctional Industries Use Only

New Account Number: \_\_\_\_\_

Request Initiated by: \_\_\_\_\_

Application Verified by: \_\_\_\_\_

Approved Credit: \$ \_\_\_\_\_

Credit Approved by: \_\_\_\_\_

Sales Territory: \_\_\_\_\_

Territory Approved by: \_\_\_\_\_

Account Classification:

ADOC

BKRY

CATS

CNTY

FEDS

GENL

MANP

NONP

PRPR

SCHL

STAG

Other: \_\_\_\_\_

# Quote Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Bill to** (Check here \_\_\_ if same as above.) Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Ship to** (Same as top address \_\_\_ Bill to \_\_\_ above.) Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Item Code	Description	Size/Color	Line Price	Qty	Line Total

See attached Worksheet for order details.

By signing below, I am certifying that I am an authorized purchasing agent for the above named company.

Authorized Signature: \_\_\_\_\_

Subtotal	
Sales Tax 8.6%	
Freight	
Total	



*Please sign completed Quote Request  
and email to sales@aci.az.gov*