



**ARIZONA**  
CORRECTIONAL  
INDUSTRIES

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[aci.az.gov](http://aci.az.gov)

# New Customer Credit Request Form

ACI, 3279 East Harbour Drive, Phoenix, AZ 85034 ♦ 602 272-7600 ♦ fax: 602 255-3108 ♦ [sales@aci.az.gov](mailto: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: \_\_\_\_\_

Accounts Payable Contact

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

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

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

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

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

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

Job Title: \_\_\_\_\_ Application Date: \_\_\_\_\_

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

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](mailto: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: \_\_\_\_\_

Account Classification:

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

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

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

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

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

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

ADOC

BKRY

CATS

CNTY

FEDS

GENL

MANP

NONP

PRPR

SCHL

STAG

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



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# Quote Request

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

<b>Bill to</b> (Check here __ if same as above.)	Name: _____
	Email: _____
	Phone Number: _____ Fax Number: _____
	Street: _____
City: _____ Zip Code: _____	

**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 fax to 602-272-1007  
 or email to sales @aci.az.gov**