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State of Colorado - Price Agreement # 2015-0000-0000-0220 Ordering Entity Account Activation Form

Agency Name:			
	(Example: Colo Dept of Transportat	ion/Region 8; El Paso County - F	Cacilities
Type of Entity: (Choose One)	State Agency or other State Dep	partment	Political Subdivision
	Higher Education	-	Non Profit (Requires Credit Application
			AND State NP #)
Tax Status:	Goverment (Exempt)	_	Non-Profit (Exempt)
(Choose One)	Exempt Tax Status	s requires copy of Tax Exempt Ce	rtificate
Billing Address:			
		City:	
		State: CO	Zip:
	For multiple Ship-To's please attach	a list	
Ship-To Address:	roi munipie sinp-10's piease anach	i a iist.	
•		City:	
		State: CO	Zip:
Order Contact:		Phone #:	
Title		E-Mail:	
Dilling/AD Contact		Dhone #.	
Billing/AP Contact: Title		Phone #: _ E-Mail:	
Purchasing Contact*:		Phone #:	
Title	:	E-Mail: _	
Order Entry:			
Primary Type of	OE: Phone/Fax		ntact above will be e-mailed an order
(Choose One) Fax ONLY		confirmation for all orders	regardless of how the order is placed.
	WP Web WP Web ONLY		
	WP Web ONLY		
PO # Required?	YesNo		
Delivery Efficien (Choose C	<u> </u>	time products are available	
	Order Complete - De	eliver all products at one time	
Invoice Option: (Choose One)	E-Mail		Mail USPS
	— Fax		Invoice w/Delivery
Payment Type:	Check		Credit Card
(Choose One)	EFT - please complete EFT form	<u> </u>	P-Card
		_	
Delivery Information	: Please	include location for drop off, del	ivery hours, delivery contact, etc.
	Delivery Instructions:		
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