



# 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:

Phone:

Fax:

**A/P CONTACT NAME:**

Title:

A/P Contact Email:

**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: