

ROSI Account Set Up - It's as easy as 123...

1...Email or Fax In Form Before Your First Order: 801-486-5558 or email john@rosiop.com

2...Your Account Will Be Set Up The Same Day

3...Call - Fax - Place Your Order On-Line

Company Name _____ Phone _____

Billing Address _____ Fax _____

City/State/Zip _____

Delivery Address (if different) _____

Billing Contact _____ Does your company require a purchase order? YES NO

Accounting Phone # _____ E-mail address _____

Accounting Fax # _____

Buyers Name _____ E-mail Address _____

Would you like to order on line? YES NO

Approved names to purchase on line – deliver to above location.

Buyers Name _____ E-mail Address _____ Dept Name _____

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Buyers Name _____ E-mail Address _____ Dept Name _____

Buyers Name _____ E-mail Address _____ Dept Name _____

Signature of Person Authorized to set up this account: _____

Print Name _____ Date _____

Current Supplier _____ # of employees _____

An automatic temporary limit will be set on your account. Please indicate below the average amount you spend per month on your office products. Our accounting department will contact your payables contact for any further information needed.

Average Monthly Purchases \$ _____

PLEASE SPECIFY PAYMENT TYPE:

Open Charge Account: Pay by Invoice Pay by Monthly Statement

CREDIT CARD CHARGE: SELECT TYPE

Name on Card _____

CARD# _____ EXP. Date _____

VISA MASTERCARD AMEX PLEASE Call for Information

ROSI – Internal Use Only

Date: _____ DDMS ACCT. ECI Account Manager _____

60,FL,PP,Y8 Special Quote # _____ Account # _____

Other Locations: We offer free next day delivery to any of your other locations. Please indicate below if you would like other locations set up for delivery. List additional locations on a separate sheet.

Delivery Address (if different) _____

Buyers Name _____ E-mail Address _____

Would you like this buyer to order on line? YES NO

Delivery Address (if different) _____

Buyers Name _____ E-mail Address _____

Would you like this buyer to order on line? YES NO

Delivery Address (if different) _____

Buyers Name _____ E-mail Address _____

Would you like this buyer to order on line? YES NO

Delivery Address (if different) _____

Buyers Name _____ E-mail Address _____

Would you like this buyer to order on line? YES NO

Catalogs:

Indicate below how many copies you would like to send to your location or your other locations:

- ___ Basic Office Products Catalog
- ___ Break Room /Facilities/Warehouse Supply Catalog
- ___ Office Furniture
- ___ Technology/Computer Supplies

There are many other options available to you for account set up. We offer delivery and billing by department – summary billing – multiple approval levels for on line ordering. Contact your account manager or customer service to find the program that works best for you and your company.

We look forward to servicing your account and “Thank You” for choosing ROSI as your supplier!

L 801-486-7711 TF 888-322-7674 fax 801-486-5558



OFFICE PRODUCTS