



# Account Set Up - As Easy As



1... Sign up on line at [www.rosiop.com](http://www.rosiop.com) fax back to 801-486-5558 or email [bill@rosiop.com](mailto:bill@rosiop.com).

2... Account will be set up and your login or password will be sent to you.

3... Order on line – Call or fax in your order.

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 \_\_\_\_\_

Buyers Name \_\_\_\_\_ E-mail Address \_\_\_\_\_ Dept Name \_\_\_\_\_

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

<b>ROSI – Internal Use Only</b>	
Date: _____	<input type="checkbox"/> DDMS <input type="checkbox"/> ACCT. <input type="checkbox"/> ECI Account Manager _____
_____ <input type="checkbox"/> 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

