

**GENERAL INFORMATION**

NAME OF COMPANY OR ORGANIZATION

YOUR NAME

TELEPHONE

YOUR EMAIL ADDRESS

**CONTACT INFORMATION**

NAME OF PRIMARY CONTACT

TITLE

EMAIL ADDRESS

TELEPHONE

FAX

**BILLING ADDRESSES**

NAME OF COMPANY OR ORGANIZATION

ATTENTION

ADDRESS

CITY - STATE - ZIP

NAME OF BILLING CONTACT

EMAIL ADDRESS

TELEPHONE

FAX

EMAIL ADDRESS WHERE INVOICES SHOULD BE SENT (INVOICES ARE SENT BY EMAIL ONLY)

EMAIL ADDRESS OF ANYONE ELSE YOU WOULD LIKE TO RECEIVE INVOICE COPIES

**ADDITIONAL INFORMATION**

DESCRIPTION OF BUSINESS: HOTEL, BANK ETC.

DO YOU REQUIRE US TO OBTAIN SIGNED PURCHASE ORDERS  YES  NO

PLEASE INCLUDE ANY SPECIAL INSTRUCTIONS OR COMMENTS BELOW

**SHIPPING ADDRESSES**

NAME OF COMPANY OR ORGANIZATION  CHECK IF SAME AS BILLING ADDRESS

ATTENTION

ADDRESS

CITY - STATE - ZIP

**PLEASE FAX COMPLETED FORM TO 888-870-5414 OR EMAIL TO ACCOUNTSERVICES@RLPUNIFORM.COM**  
**THIS FORM SHOULD BE SUBMITTED ALONG WITH THE APPROPRIATE CREDIT APPLICATION FOR THE PAYMENT METHOD OF YOUR CHOOSING**