



Date: _____

Account Set Up Sheet

Account Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

Accts Payable Contact: _____ Email: _____

Accts Payable Phone #: _____

Additional Ship to 1: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

Additional Ship to 2: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

Signature _____ Internet Access: YES NO

Authorizes OPD to set up business account. Fax back to (801) 973-4220. Thank
you.

Rep:

Internal Use

