

In order to set up an account we ask that you please fill out this short questionnaire and return it to us.

It can be returned via fax at (978) 562-3554, email at [support@fire-police-ems.com](mailto:support@fire-police-ems.com), or via mail to 188 Central Street, Suite 4, Hudson, MA 01749.

If you have any questions, please feel free to contact FSP customer service at (800) 522-8528 or [support@fire-police-ems.com](mailto:support@fire-police-ems.com).

### **Authorization to Bill Department**

*Please fill out and return via fax, mail, or email*

Department Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Can Purchase Be Made Via Purchase Order?:  Yes  No

Can We Bill Clothing Allowances?:  Yes  No  Only With A PO

\*Are Purchase Orders Required?:  Yes  No  Number Only

Are Purchases Limited To Authorized People?:  Yes  No

Names of Authorized Purchasing Agents: \_\_\_\_\_

\_\_\_\_\_

Invoicing Method: \_\_\_\_ Include Invoice w/ Shipment \_\_\_\_ Mail Invoice Separately

Orders Can Be Placed Via (choose all that apply):

Phone: \_\_\_\_ Fax: \_\_\_\_ Retail: \_\_\_\_ Email: \_\_\_\_ Mail: \_\_\_\_

Authorized Signature: \_\_\_\_\_

*I certify that I am an authorized purchasing agent of my company and agree to FSP's billing policies*

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

*\* Please Note: FSP may require a purchase order for large orders*

**FSP Books & Videos**

[www.Fire-Police-EMS.com](http://www.Fire-Police-EMS.com)

**Phone:** (800) 522-8528      **Fax:** (978) 562-3554

**Office:** (978) 562-1289

**Email:** [support@fire-police-ems.com](mailto:support@fire-police-ems.com)

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