



www.intermountainsafetyshoe.com

NEW ACCOUNT INFORMATION

DATE _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE # _____

PRIMARY CONTACT _____ **TITLE:** _____

PRIMARY PHONE NO.: _____ SECONDARY NO: _____

EMAIL: _____

COMPANY SUBSIDY:

Company Pays: \$ _____ %: _____ NO Subsidy: _____

Overage/Difference: Payroll deducted _____ Employee Pays _____

Taxable: **YES / NO** (if tax exempt, please provide Cert of Exemption - Resale Cert not acceptable)

PO REQUIRED YES _____ NO _____ **PO #** _____ **EXPIRES:** _____

Safety Shoes requirements: 6" Minimum _____ EH Rated _____ ESD _____ Met Guard _____

Other requirement: _____

CLOTHING/ACCESSORIES allowed: YES / NO Instructions or limitations: _____

A/P CONTACT NAME: _____ **PHONE:** _____ **EXT** _____

DELIVERY METHOD PREFERRED: EMAIL _____ MAIL _____ BOTH _____

SUPPORTING DOCS REQUIRED ATTACHMENT _____

REMIT TO EMAIL: _____

MAILING ADDRESS: _____

Special Billing Instructions or additional information:

RETURN ELECTRONICALLY TO: BOBBY@INTERMOUNTAINSAFETYSHOE.COM

OR FAX TO 303 -278-2041

15400 W 44TH Avenue • Golden, CO 80403 • 303-278-2871