



Witmer Public Safety Group, Inc.

104 Independence Way
Coatesville, PA 19320
Phone (800) 852-6088 • Fax (888) 335-9800



CUSTOMER REGISTRATION FORM

(Payment is due 15-30 days after receipt of goods)

Legal name of your organization: _____

Federal Employer Tax Identification Number (FEIN): _____

State Sales Tax Exempt #: Number: _____ Exp date: _____
Please Include a Copy of your State Sales Tax Exempt Form (If Applicable)

Billing Address

Street/PO Box: _____
City: _____
State: _____ Zip: _____
Phone: _____
Fax: _____

Shipping Address ___ (Same as Billing)

Street: _____
City: _____
State: _____ Zip: _____
Phone: _____
Fax: _____

Accounts Payable Contact: *(Individual responsible for sending payments.)*

Name: _____ Title: _____
Phone: _____ Email: _____

Purchasing Contact: *(Individual responsible for approving purchases.)* ___ Same as Above

Name: _____ Title: _____
Phone: _____ Email: _____

Purchasing Parameters:

Check if your organization requires: Purchase Orders _____ Vouchers: _____ Other: _____

List names and titles of additional approved purchasers:

Completed By:

Name: _____ Title: _____
Signature: _____ Date: _____

This form is applicable to public organizations such as fire, EMS, & law enforcement agencies, hospitals, schools, military branches, municipalities and other agencies of local, state and federal government.