



**Witmer Public Safety Group**

104 Independence Way • Coatesville, PA 19320

Phone (800) 852-6088 • Fax (888) 335-9800

Email: sales@thefirestore.com

**UPDATE CURRENT RESELLER ID \_\_\_\_\_**

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

Legal name of your organization: \_\_\_\_\_

Federal Identification Number (FEIN) of your organization: \_\_\_\_\_

State Retailer Number: State \_\_\_\_\_ Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

**Billing Address**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Business hours: \_\_\_\_\_

**Shipping Address**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Person responsible for approving purchases: (print name) \_\_\_\_\_

Title: \_\_\_\_\_ (signature) \_\_\_\_\_

Person responsible for approving payments: (print name) \_\_\_\_\_

Title: \_\_\_\_\_ (signature) \_\_\_\_\_

Please list names of individuals who are approved to make purchases: \_\_\_\_\_

\_\_\_\_\_

Does your organization require the following (Yes or No)? Purchase orders: \_\_\_\_\_

If "yes", we must have a copy of the document before we can process your order.

If you are a "Pennsylvania" organization, please complete and return a "Pennsylvania Exemption Certificate".

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**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.***