

OUT of the OFFICE *Services*

Company Name _____

Main Point of Contact _____

Department _____

Email _____

Phone _____

Address _____

How you found OOS _____

Business Anniversary Date _____

Project Delivery Service or Local Pick Up? Delivery Service Local Pick Up

AR/AP Contact _____

Email _____

Non Profit Tax Exempt or Resale Tax Exempt?

Resale Non Profit

****Please be sure to forward your certificate to activate tax exemption.**

Payment Preferences

Check ACH Secure Online Credit Card

****NOTE** Out of the Office Services is a small locally woman owned and operated company. We require payment up front in order to process any projects. Anything other than Pay to Produce terms must be requested prior to Estimating and are on a case by case basis.**

Signature: _____

Date: _____