



**Account Maintenance Form**

**Customer Information**

Customer Account # \_\_\_\_\_  
Customer Name \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Accounting Information**

Accounts Payable Contact \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Invoice/Statement E-mail \_\_\_\_\_  
Invoice/Statement Fax \_\_\_\_\_  
Is your organization exempt from Sales & Use Tax? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ordering Information**

Does your organization require a valid purchase order to place orders? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_  
If other, explain \_\_\_\_\_  
\_\_\_\_\_

Does your organization require signed payment vouchers? Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Purchasing Agent \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Authorized Purchasing Agent \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Return form to:  
Mail: 5600 Apollo Dr. Rolling Meadows, IL 60008  
E-mail: gogreen@schoolhealth.com  
Fax: 800-235-1305