



Komputer+ Peripherals, Inc.

Komputer+ Peripherals, Inc.
11750 Wilcrest Drive
Houston, TX, 77099
Phone: (281) 879-8200
Fax: (281) 879-8216
www.komputerplus.com

PURCHASE ORDER ACCOUNT APPLICATION

Organization

Information

Organization's Name	
Main Telephone Number	

Account Administrator Information

The Account Administrator will be the only person allowed to make changes to account information without a signed letter authorizing the changes on the organization's letterhead. The account administrator must be authorized to open a Purchase Order account.

Account Administrator	
Email Address	
Title	
Telephone	
Fax	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
Zip Code	
Organization's URL	

Shipping Information (If different from previous section)

Organization's Name	
Attention (C/O)	
Address Line 1	
Address Line 2	
City	
State/Province	
Zip Code	

Financial Information

Tax-Exempt #	
Federal Tax #	

Payment Options

We offer two options for payment. 1) You can place a credit card number on file that will be kept securely stored offline. When you order through our website, you simply enter the PO number for that order as payment in the checkout process. We will then apply payment to the credit card prior to shipping.

2) You can order through our website and simply enter the PO number for your order as payment in the checkout process. We will ship your order with full payment due within 30 days of the sale. By signing this document, you agree to these terms. Currently, this option is only available to schools and government agencies.

Please only complete the appropriate section.

Payment By Credit Card (Option 1)

Card Number	
Name (As It Appears On Card)	
Expiration Date	
Security Code (On Back Of Card)	
Billing Address Line 1	
Billing Address Line 2	
City	
State	
Zip Code	
Telephone	

30-Day Credit Terms (Option 2)

Please provide contact information below for the person in your organization responsible for paying all purchase orders.

Name	
Email Address	
Title	
Telephone	
Fax	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
Zip Code	

Please provide contact information below for a third person in your organization apart from the person responsible for paying all purchase orders and the account administrator (i.e. Principal, Vice Principal, Controller, other Administrator, etc.).

Name	
Email Address	
Title	
Telephone	
Fax	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
Zip Code	

Account Number

Please indicate the account number your organization has assigned to Komputer Plus Peripherals, Inc. If this number has yet to be assigned, please contact us once an account number is given to prevent any potential delays in future orders.

Credit Terms

By default, we extend a credit line of \$1,000. If desired, this credit limit can increase by contacting school/government sales at 281.879.8200.

Terms of Sale, including price, terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The above information is willingly supplied and Komputer Plus Peripherals, Inc. is authorized to contact the above references in order to establish the validity of the above named organization, as well as to collect payment for any past due debts.

(Two signatures are required)

Signature

Print Name

Title

Date

Signature

Print Name

Title

Date