



# BUS PARTS WAREHOUSE™

*"Transportation Safety First"*

PO Box 250  
E Syracuse NY 13057

315.728.3270  
800.635.5567  
877.682.4443 Fax

## NEW ACCOUNT INFORMATION FORM

### BILLING ADDRESS:

Date: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Account wishes to receive invoices via: (circle one)      E-mail      US Mail

Enter information for method circled above \_\_\_\_\_

Account wishes to receive statements via: (circle one)      E-mail      US Mail

Enter information for method circled above \_\_\_\_\_

### SHIPPING ADDRESS:

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

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

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

E-mail: \_\_\_\_\_

Parts Buyer: \_\_\_\_\_

Are Purchases Taxable?      \_\_\_\_\_ (If no, please include the appropriate exemption form)

# of Buses Serviced      \_\_\_\_\_      Total # of Vehicles Serviced      \_\_\_\_\_

Information given by: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Signature: \_\_\_\_\_