

Connect2it, LLC  
930 Tahoe Blvd. #802-526  
Incline Village, NV 89451

Phone: 800-540-4210  
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**On-Line Purchase Order Authorization**  
*Please Expedite*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Connect2it, LLC On-Line Purchase Order Authorization

This is a new request for a house account and on-line purchase order authorization.  
(please complete steps 1 through 5)

My company already has a house account with Connect2it, LLC and I would like to authorize on-line purchase orders.  
(please complete steps 3 through 5)

I have already authorized on-line purchase orders and would like to authorize additional e-mail addresses.  
(please complete steps 3 through 5)

I have already authorized on-line purchase orders and would like to delete previously authorized person from my companies account.  
(please complete steps 3 through 5)

### Step 1. About Your Company

#### 1.A Physical Address

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

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

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### 1.B Mailing/Billing Address

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

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

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### 1.C Verification Information

Main Switchboard Phone Number: \_\_\_\_\_

(no toll free numbers, please)

Dun and Bradstreet Number: \_\_\_\_\_

(if applicable)

Web Site Address: \_\_\_\_\_

Federal ID number: \_\_\_\_\_

(U.S. customers only)

Years in Bussiness: \_\_\_\_\_

Type of Business:  Sole Proprietor  General Partnership

(check one)  Limited Partnership  Corporation

**Step 2. Credit References**

**2.A Bank Reference**

Bank Name: \_\_\_\_\_  
Bank Phone Number: \_\_\_\_\_  
Bank Street Address: \_\_\_\_\_  
Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_  
Bank Postal Code: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

**2.B Trade References**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number of Contact: \_\_\_\_\_  
Fax Number of Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number of Contact: \_\_\_\_\_  
Fax Number of Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number of Contact: \_\_\_\_\_  
Fax Number of Contact: \_\_\_\_\_

**Step 3. Contact Information**

**3.A Accounts Payable Contact**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**3.B Purchasing Agent Contact**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Step 4. Authorized E-mail Addresses**

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

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

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

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

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

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

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

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

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

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

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

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

**Step 5. Signature**

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

Title: \_\_\_\_\_

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