

# Account Administration Form

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

**Order process:**

The following names are authorized to purchase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All employees authorized to purchase

Purchased orders required Yes  No  Other requirements \_\_\_\_\_

Multiple ship to addresses (primary listed on credit application form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact information**

Name	accounts payable	phone	email address	fax
Name	purchasing	phone	email address	fax
Name	department	phone	email address	fax
Name	department	phone	email address	fax

**Billing information:**

Invoices may be received on a daily, weekly or monthly basis. Please select your desired option:

daily email  daily fax  weekly email  weekly fax  monthly email  monthly fax  monthly mail

Monthly statement required:  yes  no

Authorized Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Please print name and title \_\_\_\_\_

Please fax or mail form to the below address or number. Thank you very much for your business!

Marshall E. Campbell Co., 2975 Lapeer | Port Huron, Mi. 48060 | P: 800-462-4050 | F: 810-985-6689 | AR@mecampbell.com