

City, State or Local Government Form

Customer Name: _____

Phone number: _____

Fax number: _____

Address: _____

City State Zip: _____

Contact Information:

AP Contact: _____

AP Phone Number: _____

Email address: _____

PO Requirements:

PO required: Yes or NO

PO required over \$ _____

Need authorization for dollar amount over estimate? _____

Invoices and Statements will be emailed or faxed:

Monthly statements: yes or no (please circle an option)

Monthly statements emailed or faxed (please provide information):

Invoices emailed or faxed (please provide information):

Contact information- name and phone number requesting service:

Signature and Date

Please note our terms are Net 15

Please forward disbursements to:

**Harmon Truck Service
PO Box 130
Sullivan, MO 63080**