



WATERWORKS & PIPELINE SUPPLIES
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MUNICIPALITIES NEW ACCOUNT SET UP FORM

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Tax ID #: _____ Co. Web Site: _____

Primary Purchasing Contact

Name: _____ Phone: _____

Email: _____

Accounts Payable Contact

Name: _____ Phone: _____

Email: _____

Would you prefer your invoices sent via fax or email: FAX EMAIL US MAIL

Fax # or Email Address to Send Invoices: _____

Do you require a Purchase Order on your orders? Yes No

Authorized Buyers (attach an additional sheet if necessary):

Name	Purchasing \$\$ Limit
_____	_____
_____	_____
_____	_____