



POST MASTERS ACCOUNT INFORMATION

P.O. Box 927 • Peoria, AZ 85380-0927 • www.PostMastersaz.com

Office: 623-537-3700 • Fax Order to 623-537-9978

AGENT: _____ DATE: _____

COMPANY NAME: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE TELEPHONE NO: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE NO: _____ CELL PHONE NO: _____

FAX NO: _____ COVER SHEET NECESSARY? YES NO

EMAIL ADDRESS: _____

BROKERS NAME: _____ ASSISTANTS NAME _____

BROKERS TELEPHONE NO: _____

CREDIT CARD TYPE: VISA MASTER CARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NO: _____ EXPIRATION DATE: _____

SIGNATURE: _____ ZIP (WHERE CREDIT CARD IS BILLED): _____

PAYMENT IS DUE PRIOR TO INSTALLATION OF POST

INFORMATION ON YOUR SIGNS

(PLEASE BE EXACT WHEN FILLING OUT)

COMPANY NAME: _____

AGENTS NAME: _____

TELEPHONE NO: _____

ANYTHING MORE : _____

DO YOU WANT US TO STORE YOUR SIGNS? YES NO

HOW DID YOU HEAR ABOUT POSTMASTERS? _____ AGENT (NAME) _____

_____ FLYER _____ YELLOW PAGES _____ OTHER _____

WITH EACH & EVERY ORDER YOU ARE BINDING TO THE BROKER / AGENT AGREEMENT