



800-524-5427 254-751-1566 Fax 254-751-0299
P.O. Box 21056 Waco, Texas 76702-1056

Account Request Form

Please complete the following information and return by email or fax. Requests typically process within 1 business day.

E-mail: sales@icswaco.com

Fax: 254-751-0299

Billing Address:

Send my annual catalog here. _____

Facility Name _____

Billing Address _____

City _____ County _____

State _____ Zip _____

Billing Contact Name _____

Phone () _____ Fax () _____

E-mail Address _____

(For Invoicing)

Use this e-mail for my web store login. _____

Shipping Address: (if different from billing)

Send my annual catalog to: Physical Address _____ Mailbox _____

Facility Name _____

Physical Address _____

Mailbox Address _____

City _____ County _____

State _____ Zip _____

Facility Contact Name _____

Phone () _____ Fax () _____

E-mail Address _____

Use this e-mail for my web store login. _____

Facility/Organization Information:

What type of Organization is the above facility? (Please select one below.)

Please note that ICS does not sell to the General Public.

- | | | |
|--|--|--|
| <input type="checkbox"/> County Jail/Agency | <input type="checkbox"/> Federal | <input type="checkbox"/> Salvation Army/Homeless |
| <input type="checkbox"/> State Prison/Agency | <input type="checkbox"/> Military | <input type="checkbox"/> Ministry |
| <input type="checkbox"/> Police/City Jail | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Commissary Provider |
| <input type="checkbox"/> Jail Commissary | <input type="checkbox"/> Nursing/Healthcare | <input type="checkbox"/> Private Management |
| <input type="checkbox"/> Holding Facility | <input type="checkbox"/> Halfway House/Shelter | <input type="checkbox"/> Resale/Wholesale |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Substance Abuse Program | <input type="checkbox"/> Other: _____ |

When does your fiscal budget begin? _____

If you have a Tax Exempt number, please list here. _____

**** Please include a copy of your tax exempt certificate with this request. ****

Do you need a separate account for Commissary set up? Yes _____ No _____

How did you hear about us? _____

Bed Capacity:

Max _____
Avg. Daily _____

Gender:

Male
 Female
 Both

Office Use Only: New Customer ID: _____ Existing Customer ID: _____
ACT _____ CL _____ FDM4 _____ NS _____ Web _____ Info/Address Update _____
L _____ P _____ C _____