



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 \_\_\_\_\_

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

**Security Level:**

Minimum  
 Medium  
 High  
 Max  
 Multiple

Office Use Only: New Customer ID: \_\_\_\_\_ Existing Customer ID: \_\_\_\_\_  
ACT \_\_\_\_\_ CL \_\_\_\_\_ FDM4 \_\_\_\_\_ Web \_\_\_\_\_ Info/Address Update \_\_\_\_\_