



Please Complete & Fax Only to 858-309-9834. Do not email!

Note: Our policies and procedures keeps your personal information, including credit card number, secure from unauthorized access.

New Account Setup

Date: 5/20/15

Account Rep:

Mailing Address

Company Name:

Phone:

Address:

Fax:

City: State: Zip:

Shipping Address (if different)

Company Name:

Phone:

Address:

City: State: Zip:

Contact Information

Buyer contact:

Phone:

Buyer Email:

Accounting:

Phone:

Accounting Email:

Payment Information

Payment type: (If COD, usual COD rates apply.)

If Other, please specify.

All product will ship pre-pay and add unless noted below.

Shipper:

Account #:

If Credit Card, please complete the following.

Card type:

Card #:

Expiration:

CVS#:

Name on Card:

Street Address:

Zip:

**Thank you for taking the time to provide the information above
Please print this completed form and fax to OCP Group, Inc. at (858) 309-9834**