Company Contacts and Access Form

Company Information

Company Name:_____

Address: _____

Address: _____

City: _____

State, ZIP: _____

Phone: _____ Fax: _____

Please Provide:

1. Point of contact for each department
2. buyPSA.com access rights
3. Communications Preference

			Department Contacts								buyPSA.com Access Rights	Communications Preference				
Name:	Position:	E-mail Address:	USAV Contact	Education & Training	Procurement	Accounting	Marketing	National Deployment Program	Order Entry	A/R		Monthly Newsletter	PSA News & Updates	Education & Training	Vendor News & Updates	News from PSA Partners	National Deployment Program