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Please complete and submit electronically or if you prefer, complete, print and return via fax to: 904.448.4076
If you have any questions please email us at: pppaccounting@pppcatalog.com

Authorized Purchasers Form

If you would like us to monitor that purchases are only made by authorized purchasers for your company please fill out this form and return with your credit application.

Company Name: _____

Date: _____ / _____ / _____

Please list the names of all individuals who are authorized to charge on your account

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Once you have established a list, it is very important to maintain this list. Additions and deletions to your list are effective only upon receipt of written notice to PPP, Inc. via fax (904-448-4076) or email pppaccounting@pppcatalog.com

TERMS OF ACCEPTANCE and SIGNATURE

I, the applicant, for this authorized purchasers form, warrant the truthfulness of the information provided in this application.

Electronic Signature *

Please type your First and Last Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.