

Renewal: If you are renewing your GPOExpress account(s), check this box and print or type your full name and sign at the bottom of this form.

1. Jacket Number _____

Note: Sections 4-7 do not need to be completed if registering with a credit card.

2. Date _____

3. Department/Government Establishment _____ 4. Bureau or Office _____

5. Requisition Number _____ 6. Billing Address Code (BAC) _____ 7. Agency Location Code (ALC) _____ 8. Line of Accounting (If applicable) _____

Required for G-Invoicing (GINV)	Must use number as generated by G-Invoicing system	
9. G-INVOICING (GINV) GTC#: _____		11. ORDER LINE#: _____
10. GINV ORDER#: _____		12. ORDER SCHEDULE#: _____

13. Treasury Account Symbol (TAS) / Business Event Type Code (BETC)	TAS*: Sub-level Prefix Code	Allocation Transfer Agency Identifier	Agency Identifier	Beginning Period of Availability	Ending Period of Availability	Availability Type Code	Main Account Code	Sub-Account Code	BETC*
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14. Cardholder's Name	16. Email	17. Phone Number	18. GPOExpress Card Limit	19. Address	
15. Cardholder's Title				20. City, State	21. Zip Code

To name additional cardholders, please continue on page 2.

22. Credit Card Information

Name on Credit Card _____ Credit Card Type _____

Credit Card Number (enter numbers only, no dashes) _____ Expiration Month _____ Year _____ Card Spending Limit _____ per _____

Billing Agency _____ Billing Street _____

Billing City _____ Billing State _____ Billing Zip Code _____

Cardholder Phone _____ Cardholder Email _____

If you do not want to fill out the above credit card information, please check this box and fill in your name and phone number to speak with a GPO representative.

Name _____ Phone _____

23. GPOExpress eView Administrator's Contact Name _____ 24. eView Administrator's Telephone Number _____ 25. eView Administrator's Email _____

26. Financial Contact's Name _____ 27. Financial Contact's Telephone Number _____ 28. Financial Contact's Email _____

29. Primary Contact's Name _____ 30. Primary Contact's Telephone Number _____ 31. Primary Contact's Email _____

32. Address _____ 33. City _____ 34. State _____ 35. Zip _____

I certify that I am an authorized agency representative of the above-mentioned Government establishment with authority to submit this order to the U.S. Government Publishing Office and obligate its funding in compliance with applicable regulations, and; this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government establishment.

36. Name of Authorizing Official _____ 37. Authorizing Signature _____ 38. Title of Authorizing Official _____

CLEAR FORM PRINT FORM

