



• PENSACOLA, FL
 • FT. WALTON BEACH, FL
 • MOBILE, AL
 • BAY MINETTE, AL
 (850) 434-5588 • 1-800-336-5589

**PLEASE TYPE OR PRINT ALL INFORMATION.
 FAX A COMPLETED COPY TO (850) 434-5404.**

ONLINE ENROLLMENT FORM

GCOP SALES ASSOCIATE

DATE

1 COMPANY INFORMATION

BUSINESS / COMPANY NAME		ACCOUNT NO.	
DEPARTMENT NAME		DEPARTMENT NO.	
DELIVERY ADDRESS <i>(INCLUDE SUITE, FLOOR, BUILDING NO., ETC.)</i>	CITY	STATE	ZIP

2 ONLINE USER INFORMATION

FIRST NAME		LAST NAME	
EMAIL ADDRESS		PHONE NO.	EXTENSION NO.
CHOOSE A USER NAME <i>(MUST BE 5 CHARACTERS OR MORE – CASE SPECIFIC)</i>		CHOOSE A PASSWORD <i>(MUST BE 6 CHARACTERS OR MORE – CASE SPECIFIC)</i>	
ARE YOU REQUIRED TO USE PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU REQUIRED TO USE CREDIT CARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOUR ORDERS REQUIRE APPROVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, COMPLETE SECTION 3.</i>			
DO YOU ORDER FOR LOCATIONS OTHER THAN SECTION 1 ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, COMPLETE SECTION 4.</i>			

3 ORDER APPROVAL INFORMATION

***IF APPROVAL IS REQUIRED, APPROVAL PERSON MUST ALSO COMPLETE AN ONLINE ENROLLMENT FORM.
 THE APPROVAL PERSON WILL AUTOMATICALLY RECEIVE YOUR ORDER BY EMAIL.***

APPROVAL PERSON'S NAME	EMAIL	PHONE NO.
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4 ADDITIONAL LOCATIONS INFORMATION

LOCATION NAME	DELIVERY ADDRESS
LOCATION NAME	DELIVERY ADDRESS
LOCATION NAME	DELIVERY ADDRESS
LOCATION NAME	DELIVERY ADDRESS
LOCATION NAME	DELIVERY ADDRESS

PLEASE USE ADDITIONAL SHEET (OR SECTION 5) IF MORE SPACE IS REQUIRED.

5 SPECIAL INSTRUCTIONS