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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg | Vehicle Rental AccountPaying By Purchase Orderor State Purchase Card |

This form must be filled out to establish a customer account with Enterprise Rent-A-Car.

Please fax back to Enterprise Rent-A-Car at: 405-708-4516

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| Agency Name | | | | | | | | | | | | | | | | | | |  | | Division Name | | | | | | | | | | | | | | | | | | | | | | |
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| Address | | | | | | |  | Suite / Room Number | | | | | | | | | | | |  | | | City, State | | | | | | | | | | | |  | | | Zip code | | | | | |
| **Purchase Order:** | |  |  | | | | | | | | | |  | Purchase Order Number: | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
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| Agency Contact Name | | | | | | |  | Agency Contact Phone Number | | | | | | | | | | | | | | | | | | | | |  | | Agency Contact E-mail Address | | | | | | | | | | | |  | | | |
| **Purchase Card:** |  | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | |
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| Purchase Card Holder Name | | | | | | |  | Purchase Card Holder Phone Number | | | | | | | | | | | | | | | | | | | | |  | | Purchase Card Holder E-mail Address | | | | | | | | | | | |  | | | |
| **Purchase Card Information:**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | |  |  | | | / |  |  | | | Name as It Appears on Purchase Card |  | Purchase Card #: | | |  | Expiration Date: | | | | | | | |  | | | |  |  | | |  |  | | | | | Purchase Card Holder Signature | | | |  | Title | | |  | Date | | | |   **Billing Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Billing Contact Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Billing Phone Number | | | | | | | | | | | |  | | | Billing E-mail Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Billing Address (if different than above) | | | | | | | | | |  | Suite / Room Number | | | | | | | | | | | | |  | | City, State | | | | | | | | | | |  | | | | | Zip code | | |
| **AGENCY CODE** | | *These fields MUST be completed.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ship To Code: | |  | | | - |  | | |  | | | | | | | Bill To Code: | | | | | | | | | | |  | | | - | |  |  | | | | | | | | | | |
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| Name of the Chief Administrative Officer of the Requisitioning Unit or the Agency | | | | | | | | | | | | | | | | |  | Title | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| Signature of the Chief Administrative Officer of the Requisitioning Unit or the Agency | | | | | | | | | | | | | | | | |  | Date | | | | | | | | | | | | | | | |  | | | | | | | | | |