

PLEASE FILL OUT COMPLETELY TO ESTABLISH NET 30 DAY TERMS

Desired Credit Limit \$ _____

Company Name _____

D/B/A _____

Bill to Address _____

Street Address _____

City/State _____

Owner(s)/President _____

Accts. Payable Contact _____

AP Phone/Fax Number _____ / _____

AP E-mail Address _____

Years in Business _____

Dunn & Bradstreet # _____

Annual Sales \$ _____

Net Worth \$ _____

Number of Employees _____

Federal Tax ID # _____

Tax Status _____

State	Taxable	Exempt
PA	<input type="checkbox"/>	<input type="checkbox"/>
NJ	<input type="checkbox"/>	<input type="checkbox"/>

Banking Institution _____

Acct. Numbers _____

Contact _____

Phone & Fax # _____ / _____

***If exempt, provide certificate.**

- Sole Proprietorship
- Corporation (state _____)
- Partnership

For Office Use Only

Account # _____

Credit Limit _____

Approved By _____

THREE TRADE REFERENCES REQUIRED – * Include current computer supply vendor *

Current Office Supply Company	Business Name	Business Name
Account Number _____	Account Number _____	Account Number _____
\$ _____ Annual Purchases	\$ _____ Annual Purchases	\$ _____ Annual Purchases
Phone No. _____ Fax No. _____	Phone No. _____ Fax No. _____	Phone No. _____ Fax No. _____
Contact _____	Contact _____	Contact _____

I authorize the release of the above information for credit purposes only. In order for the company to grant me credit, I give permission for my credit to be checked as required for that purpose. Credit terms are net thirty (30) days from the date of invoice. Interest will be charged at 1.5% per month on items over thirty (30) days. If my account is referred for collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. All the above is true and terms are accepted.

Print Officer's Name _____

Officer's Signature _____

Officer's Title _____

Date _____