

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 _____