



# CREDIT APPLICATION

DATE : \_\_\_\_\_ SALES # \_\_\_\_\_ ACCOUNT # ASSIGNED \_\_\_\_\_

Three choices of payments:  OPEN ACCOUNT  CREDIT CARD  
(SUBJECT TO APPROVAL)

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street (P.O. Box) City State Zip Code + Four

Delivery Address: \_\_\_\_\_

Street City State Zip Code + Four

Purchasing Contact : \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Check One:  Individual  Corporation  Partnership Years Established \_\_\_\_\_ Number of Employees \_\_\_\_\_

Type of Business / SIC Code \_\_\_\_\_ Federal ID Number \_\_\_\_\_

Do you pay by  Invoice  Statement Monthly Credit Line \_\_\_\_\_ Purchase Order ?  Yes  No

Accounts Payable Contact : \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable E-mail : \_\_\_\_\_ Fax: \_\_\_\_\_

## OPEN ACCOUNT

**OPEN ACCOUNT TERMS:** In order to qualify for our pricing program and maintain open account status; the invoices must be paid within the account terms assigned to your company. A 1-1/2% service charge will apply on all past due amounts.

The undersigned agrees that should credit be extended to my company or to myself individually payments are to be made in accordance with the terms set forth on invoices and statements of Office Xpress. The undersigned further agrees to be personally responsible for the payment of any and all debts incurred, individually or by his company or partnership due to the extending of credit by Office Xpress. Should the services of any agency or attorney be necessary to collect amounts past due and outstanding. I / We agree to pay all costs of such collection, including a reasonable attorney's fee.

The signer agrees to authorize Office Xpress to search credit reporting companies for credit information DATE: \_\_\_\_\_

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_  
(Officer or Principal) (Title)

## CREDIT CARD

CREDIT CARD



Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ CCV Number \_\_\_\_\_

Billing Address: \_\_\_\_\_ Last 3 digits in the signature line after your credit card number

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

I authorize Office Xpress to charge the above credit card for all charges incurred.

Cardholder's Signature: \_\_\_\_\_

If Tax Exempt please include current copy of Annual Resale Certificate with signature.

OFFICE USE ONLY: PRICE PLAN     ROUTE \_\_\_\_\_ DISC TYPE \_\_\_\_\_

SPECIAL DELIVERY INSTRUCTIONS: \_\_\_\_\_