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WWW.XPRESSBUY.COM

CREDIT APPLICATION

DATE : _____ SALES # _____ ACCOUNT # ASSIGNED _____

Three choices of payments: OPEN ACCOUNT CREDIT CARD C.O.D.
(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: _____

C.O.D. *Payment by company check only.*

PRINTED NAME SIGNATURE

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

OFFICE USE ONLY: PRICE PLAN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROUTE _____ DISC TYPE _____
SPECIAL DELIVERY INSTRUCTIONS: _____	

FAX BACK TO 305 824 9211