

GENERAL OFFICE SUPPLY

Credit Account
Application

Acct# _____ Slsm# _____
(Internal Use) Route# _____ [] [] _____
(Internal Use)

Customer Name _____

Bill To Address

Address _____ Suite _____
City _____ St _____ Parish _____ Zip _____ []

Ship To Address

Address _____ Suite _____
City _____ St _____ Parish _____ Zip _____ []

Phone Number _____ - _____ - _____ **Fax** _____ - _____ - _____

Online User Registration

Dept. _____ Username: _____
Name _____ Password: _____
Contact _____
E-mail _____

The following information must be completed in full and will be held in the strictest confidence.

Sales tax percentage to be charged to your account _____ **If you are tax exempt, please include a copy of your tax exempt certificate.** Taxable Y/N _____

Are purchase orders required on your invoices? (Yes or No) _____ Credit Limit \$ _____

Ownership

_____ Corporation _____ Partner _____ Individual _____ Government
_____ Check here if incorporated within the last 12 months.

Name of Principle (s) _____ Address _____ Phone _____

Person in charge of Accounts Payable _____

References

Name of Bank _____ Address _____ Phone _____
Trade Reference _____ Address _____ Phone _____
Trade Reference _____ Address _____ Phone _____
Trade Reference _____ Address _____ Phone _____

Print Name _____ Title _____

Signature _____ Date _____

*** Send completed form to accounting@generalofficesupply.net ***