

CREDIT APPLICATION

DATE:	Applying for: <input type="checkbox"/> Furniture <input type="checkbox"/> Stationery <input type="checkbox"/> Office Supplies <input type="checkbox"/> Technical Products <input type="checkbox"/> Forms
Legal Business Name & DBA:	
Type of Business:	Time in Business: Number of Employees:

Billing Address:			
City:	State:	Zip:	-
Phone: -	Fax: -	D & B Number & Rating:	
Shipping Address if Different Than Above:			
City:	State:	Zip:	-

Please Check One: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership Corporation
If Subsidiary, Name of Parent Co. and Address.:
City: State: Zip: -
Full Name of Owner or Owners (or Authorized Officer of Corporation):
Approximate Monthly Volume of Office Supply Business: \$ Current Supplier of Office Products:

Accounts Payable Contact:	Phone: -	Ext.:	Fax: -
Purchase Order Required? <input type="checkbox"/>	Buyer Name:	Phone: -	Ext.:
Are Products Purchased For Resale Or Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes Resale or Tax Exempt Number-Please Provide Copy:			

TRADE REFERENCES - Name:	Account Number:	Phone Number - Please Do Not Leave Blank:
1.		- Ext.
2.		- Ext.
3.		- Ext.

BANK	Account Number -Please Do Not Leave Blank:	Phone Number-Please Do Not Leave Blank:
		- Ext.
<input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Other:		
Name of Individual at Bank Which We May Contact:	Phone Number-Please Do Not Leave Blank	Additional Information:
	- Ext.	

Terms of Sale and Agreement

Applicants who receive summary bills (monthly, semi-monthly, or weekly) agree to pay all monies due within 10 days from date of invoice. Applicants who receive daily invoicing agree to pay all monies due within 30 days of invoice date. A finance charge of 1 1/2 % per month, at an annual rate of 18%, will be charged on all delinquent accounts. Should Applicant default on terms and legal action become necessary, the Applicant(s) agrees to pay all collection expenses including administrative costs, court costs and attorney's fees. Applicant will inform Corporate Express (in writing) of any change in company name, address or phone number as soon as such changes occur. The information given is warranted to be true and Applicant authorizes the release of all pertinent information necessary for processing the applicant's request for credit including bank records and other financial data.

Please, only authorized signature can be accepted (CEO, VP Level Executive, Controller or Owner)

Please Print Name:		Title:	
Signature:		Date:	