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Austin Area
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Toll Free Fax: 800-485-8905

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APPLICATION FOR: ☐ CHARGE ☐ CREDIT CARD ☐ COD

C =

FIRM NAME:

S=

PH: FAX:

D=

BILL TO:	SHIP TO:
STREET OR P.O. BOX: STE:	STREET: STE:
CITY, STATE, ZIP	CITY, STATE, ZIP:

DO YOU USE P.O.#'S	ARE YOU TAX EXEMPT (IF YES ATTATCH CERTIFICATE)	ACCOUNTS PAYABLE CONTACT	PURCHASING CONTACT
YES ○ NO ◉	YES ○ NO ◉	NAME: _____ PH: _____	NAME: _____ PH: _____

DATE BUSINESS WAS ESTABLISHED: _____

TRADE REFERENCES

FIRM NAME	CONTACT NAME	PH:	FAX:
1			
2			
3			

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: NET 10TH OF MONTH.

I certify the above information is true and correct. This authorizes A&W Office Supply Inc., to contact all of the references listed to verify information on our company. I agree to pay all charges according to A&W Office Supply, Inc. If I fail to do so then I agree to pay any late charges, collection expenses and attorney fees if collection procedures are instituted.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Would you like to be set up for online ordering? Yes ○ No ○

Email Address: _____

CC # _____

Expires _____ **CSC#** _____

Card Holder Name _____