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**ACCOUNT APPLICATION**

FIRM NAME:			PLEASE SELECT ACCOUNT TYPE
PH:	FAX:	E-MAIL:	C =
			S =
			D =

**BILL TO:**

STREET OR P.O. BOX:

CITY, STATE, ZIP:

**SHIPTO:**

STREET:

CITY, STATE, ZIP:

DO YOU USE P.O.#'S  YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU TAX EXEMPT (IF YES ATTATCH CERTIFICATE)  YES <input type="checkbox"/> NO <input type="checkbox"/>	ACCOUNTS PAYABLE CONTACT  NAME: _____ PHONE: _____	PURCHASING CONTACT  NAME: _____ PHONE: _____
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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 \_\_\_\_\_

Date: \_\_\_\_\_

Would you like to be set up online: yes ___ no ___	CC# _____
Email Address: _____	Expires _____ CSC# _____
	Card Holder Name _____