

CLICK TO
READ
INSTRUCTIONS

A & W OFFICE SUPPLY, INC. APPLICATION FOR CREDIT

FIRM NAME:

PHONE:

EMAIL ADDRESS:

FAX:

BILL TO

STREET OR P.O. BOX:

CITY:

STATE: ZIP CODE:

SHIP TO

STREET:

CITY:

STATE: ZIP CODE:

PRINCIPAL OWNERS OR OFFICERS

1. NAME:

SOCIAL SECURITY #:

ADDRESS:

PHONE:

CITY:

STATE: ZIP CODE:

2. NAME:

SOCIAL SECURITY #:

ADDRESS:

PHONE:

CITY:

STATE: ZIP CODE:

3. NAME:

SOCIAL SECURITY #:

ADDRESS:

PHONE:

CITY:

STATE: ZIP CODE:

CORPORATION

SUBSIDIARY

DIVISION

PARTNERSHIP

PROPRIETORSHIP

ESTABLISHED:

NAME OF PARENT COMPANY IF SUBSIDIARY OF DIVISION:

ADDRESS:

PHONE:

CITY:

STATE: ZIP CODE:

DO YOU USE PO#s?

YES NO

ARE YOU SALES AND/OR TAX EXEMPT?

YES NO

If yes, please attach a copy of your Exemption Certificate

ACCOUNTS PAYABLE CONTACT

NAME:

PHONE:

FAX:

EMAIL ADDRESS:

PURCHASING CONTACT

NAME:

PHONE:

FAX:

EMAIL ADDRESS:

TRADE REFERENCES

1. NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

PHONE:

EMAIL ADDRESS:

2. NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

PHONE:

EMAIL ADDRESS:

3. NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

PHONE:

EMAIL ADDRESS:

NAME OF BANK:

CONTACT NAME:

ACCOUNT NUMBER:

PHONE:

ADDRESS:

CITY:

STATE: ZIP CODE:

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: NET 10TH OF MONTH; IF INVOICES ARE PAID BY 10TH OF MONTH, YOU MAY DEDUCT YOUR DISCOUNT ALLOWED.

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 the terms and conditions of A & W Office Supply, Inc. If I fail to do so, then I agree to pay any late charges, collection expenses, and attorney's fees if collection procedures are instituted.

FIRM NAME:

BY:

PRINTED NAME:

DATE:

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