



FAX BACK TO 307-548-7470

**THE OFFICE SHOP INC
CREDIT APPLICATION FOR A CHARGE ACCOUNT**

CONTACT INFORMATION

Title:		Payment Contact:	
Company name:		P.O. required?	Yes No
Phone:	Fax:	E-mail:	
Billing Address:			
City:		State:	ZIP Code:
Federal ID Number:		Sales Tax Exempt No.: (Please send copy of form)	
Sole proprietorship:	Partnership:	Corporation:	Other:
Shipping Address:			
City:		State:	ZIP Code:
How long at current address?		How long in business?	
Telephone:	Fax:	E-mail:	

CREDIT INFORMATION

Bank name:		Contact name:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account		Account number	
Checking			
Savings			

BUSINESS/TRADE REFERENCES

Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. Office Shop terms are Net 10.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize The Office Shop Inc to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: