



The Office Shop

Inc. ®

NEW ACCOUNT AGREEMENT

• Supplies • Furniture • Equipment • Service •

www.theofficeshopinc.com

Orderwriter# _____ Sales # _____ SIC Code _____

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Telephone () _____ Cell () _____ Fax () _____

Email Address (s) _____

Type of Business _____ Years of Operation _____

Corporation () Partnership () Sole Proprietorship () Tax Exempt () Yes () No

If yes, Tax Exempt Number _____ (Please attach certificate)

Principal Name(s) & Title(s) _____

Accounts Payable Contact _____

BANK REFERENCES

Bank #1 _____ Account Number _____

Contact (s) _____

City _____ State _____ Zip _____

Telephone () _____ Cell () _____ Fax () _____

Email (s) _____

Bank #2 _____ Account Number _____

Contact (s) _____

City _____ State _____ Zip _____

Telephone () _____ Cell () _____ Fax () _____

Email (s) _____

TRADE REFERENCES

	Name	Address	Phone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

- Have you ever personally declared bankruptcy or been an officer of a corporation or a partner in a partnership that has declared bankruptcy? ()Yes ()No
- We agree to pay a finance charge of 1.5% per month (18% annual interest rate) on all delinquent invoices as well as collection costs, including reasonable attorney fees incurred by reason of customer default.
- In consideration of the extension of credit, the undersigned absolutely & unconditionally guarantees payment for all services & merchandise purchased.
- We authorize the above bank/ trade references to release any credit information necessary to establish a direct bill agreement. We certify that all the information provided is correct.

Authorized Signature _____ Title _____ Date _____

For and in consideration of extension of credit to the above-named applicant. The applicant does individually guarantee payment of all amounts due and incurred in conjunction with this account to be paid within the terms set forth.