



3201 Builders Avenue
 Las Vegas, NV 89101
 Phone: (702) 457-3636
 Fax: (702) 457-4422
 or (702) 457-5858

For Office Use Only:

Account #	_____
Limit \$	_____ Disc. % _____
Contract:	_____ Date: _____
Rep:	_____ Route _____
Approved By:	_____

APPLICATION FOR CREDIT

Company Name _____
 Mailing Address _____
 City _____ State _____ ZIP Code _____
 Shipping Address _____
 City _____ State _____ ZIP Code _____
 Phone # () _____ FAX # () _____
 (Check One) Sole Proprietor _____ Partnership _____ Corporation _____
 Number of Office Employees _____ e-mail _____
 Federal TAX ID # _____ Years at Present Location _____
 Limit Requested \$ _____ Ave. Purchases \$ _____ Year Established _____
 Credit Card Type: _____ Card # _____ Exp. Date: _____
 Credit Card Authorization Signature: _____

CONTACTS:

Accounts Payable: _____ Phone : _____
 Office Manager: _____ Phone : _____

AUTHORIZED BUYERS:

1. _____ 2. _____ 3. _____

PURCHASE ORDER REQUIREMENTS:

Purchase Order Required: (Check One) YES _____ NO _____

Special Instructions: _____
Explain any special requirement for Purchase Order

Special Delivery Instructions: _____

Responsible Parties or Officers:

Name	Title	Home Address
_____	_____	_____
_____	_____	_____

Is Your Company Non-Profit or Tax Exempt? (Check One)
 YES _____ NO _____ If Yes, Please List TAX Exempt #: _____

Will his account be used for the purchase of any Resale Merchandise?
 YES _____ NO _____ If Yes, Please List Resale #: _____

**CREDIT
REFERENCES**

(To expedite clearance of credit, please use LOCAL and CURRENT references
Where ever possible) *Please list your previous office supplier.*

Name: _____ Account Number: _____
Address: _____ Phone Number: _____

Name: _____ Account Number: _____
Address: _____ Phone Number: _____

Name: _____ Account Number: _____
Address: _____ Phone Number: _____

Name: _____ Account Number: _____
Address: _____ Phone Number: _____

BANK INFORMATION:

Bank: _____ Phone: _____ Branch: _____
Address: _____ Account Number: _____

GRANTOR INFORMATION:

Name: _____ Title: _____ Social Security # _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____

IMPORTANT: PLEASE READ TERMS BEFORE SIGNING

I agree to keep within our terms if granted an open account. Should this account EVER become delinquent and it be necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney fees: also cost of such suit. Principal and interest are payable in lawful money of the United States.

DATE: _____

Authorized Signature: _____

TERMS: Amount DUE on or before the 10th.
PAST DUE after the 15th. Accounts PAST
DUE as of the 30th WILL BE place on C.O.D.
basis ONLY. All returns are subject to a 15%
re-stocking fee. NO RETURNS AFTER 30
DAYS. All returned checks are subject to a
\$25.00 processing fee.