

Sullivan's

Office Supply, Inc.

CREDIT APPLICATION

PO BOX 420
MASSENA, NY 13662

TEL : 315-764-0295
FAX: 315-764-1589
EMAIL sos@sosupply.com

BILL TO: Name _____ Address _____ City _____ State _____ Zip Code _____	SHIP <input type="checkbox"/> TO: SAME AS BILL TO Name _____ Address _____ City _____ State _____ Zip Code _____
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COUNTY _____

PHONE # _____ FAX # _____ EMAIL _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____

_____ CORPORATION IF YES, STATE OF INCORPORATION _____
& YEARS OF INCORPORATION _____
_____ PARTNERSHIP _____ DBA

PRINCIPAL OWNERS, PARTNERS, OFFICERS

Name _____ DOB _____ SSN# _____
Address _____ City _____ State _____ Zip _____
Title _____

Name _____ DOB _____ SSN# _____
Address _____ City _____ State _____ Zip _____
Title _____

Name _____ DOB _____ SSN# _____
Address _____ City _____ State _____ Zip _____
Title _____

ACCOUNTS PAYABLE CONTACT _____ PHONE # _____

SALES TAX EXEMPT? _____ QEZE EXEMPT? _____ TAX # _____
IF TAX EXEMPT—PLEASE ENCLOSE CERTIFICATE

BANK _____ Address _____
 _____ Savings _____ City _____ State _____ Zip _____
 _____ Loans _____ Contact _____
 _____ Certificates of Deposit _____ Phone # _____ Fax# _____
 _____ Checking _____ Checking Account # _____

CREDIT REFERENCES

Name _____ **Acct. #** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Contact _____ **Phone #** _____ **Fax #** _____

Name _____ **Acct. #** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Contact _____ **Phone #** _____ **Fax #** _____

Name _____ **Acct. #** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Contact _____ **Phone #** _____ **Fax #** _____

DESIRED CREDIT LIMIT _____ **PURCHASE ORDER REQUIRED**
CREDIT CARD PAYMENT REQUIRED If checked, please provide card information below
VISA/MASTERCARD/ AMERICAN EXPRESS # _____ **EXP. DATE** _____

All of the above information is herewith submitted for the purpose of obtaining credit and I hereby certify this information to be true. The applicant authorizes Sullivan's Office Supply, Inc. to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any business with to give any necessary information to Sullivan's Office Supply, Inc. , which will assist in a credit investigation. The applicant further authorizes Sullivan's Office Supply, Inc. to review the applicant's credit status from time to time as deemed necessary. Should applicant at any time deviate from Sullivan's Office Supply, Inc. terms of sale as stated below, we reserve the right to terminate future extension of credit to applicant.

Upon credit approval, I (we) agree to pay Sullivan's Office Supply, Inc. all debts incurred within the terms of sale. I (we) understand that the terms are NET 30 DAYS from invoice date, unless special arrangements are approved before the sale. I (we) also agree to pay a finance charge of 1.5% per month (annual rate of 18%) on any unpaid past due amount. I (we) further agree to pay reasonable collection costs and/or attorney fees incurred in connection with the collection of this account

INCOMPLETE FORMS WILL NOT BE GRANTED TERMS
 ALL FIELDS ARE REQUIRED

OWNER OR OFFICER MUST SIGN _____ **DATE** _____

COMPLETED BY _____ **TITLE** _____

OWNER/OFFICER _____ **SIGNATURE** _____

OWNER/OFFICER _____ **SIGNATURE** _____

INTERNAL OFFICE USE ONLY _____ **CUSTOMER #** _____ **DATE OPENED** _____

CREDIT LIMIT _____ **RESALE TAX #** _____