

Sales#

For Office Use Only

DISC _____

Route:

EOS@ECONOMYOFFICESUPPLY.COM

APPLICATION FOR CREDIT

DATE: _____

COMPANY:

Name of Parent Company: _____

BILLING ADDRESS:

City: _____

Zip Code _____

Shipping Address:

City: _____

Zip Code _____

Telephone: _____

Fax _____

Credit #: _____

Buyer Contact: _____

Credit Contact: _____

EMAIL ADDRESS:

INVS EMAIL: _____

Is Purchase Order Number Required? _____

Referred By: _____

KIND OF BUSINESS:

Year Established: _____

At Present Location Since: _____

Is Business Incorporated? _____

State Incorporated In? _____

Year Of Incorporation _____

REFERENCES**BANK**

ADDRESS _____

City: _____

Zip Code: _____

Telephone _____

Email: _____

Person to Contact _____

Account # _____

COMPANY

ADDRESS _____

City: _____

Zip Code: _____

Telephone _____

Email: _____

Person to Contact _____

Account # _____

COMPANY

ADDRESS _____

City: _____

Zip Code: _____

Telephone _____

Email: _____

Person to Contact _____

Account # _____

COMPANY

ADDRESS _____

City: _____

Zip Code: _____

Telephone _____

Email: _____

Person to Contact _____

Account # _____

Are you listed with Experian? _____

☐ NO☐ YES

Our Credit Terms are **NET 10th Prox.** (10th of the month following date of invoice).

Please check basis on which you pay your merchandise bills:

☐ NET 10TH PROX.☐ 30 DAYS☐ OVER 30 DAYS

Signature/Position _____

Please Print Above Name _____

www.economyofficesupply.com