



# Pre-Approved APPLICATION FOR CREDIT

**Juneau**  
PH: 907-790-2323 Fax: 907-790-2324  
**Outlying Areas**  
PH: 800-452-3139 Fax: 888-848-5858  
Email: customerservice@officeplusak.com

Account #: <input type="text"/>	Company Name <input type="text"/>
Limit \$ <input type="text"/> Disc % <input type="text"/>	<b>Mailing Address:</b>
Contract: <input type="text"/> Date: <input type="text"/>	Address <input type="text"/>
Sales Rep: <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
<i>To Be Completed By Office Plus</i>	<b>Shipping Address:</b>
	Address <input type="text"/>

WebSite <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Phone # <input type="text"/>	Fax # <input type="text"/> Email <input type="text"/>
Fed Tax ID# <input type="text"/>	Select One <input type="text"/> State Est. <input type="text"/> Year Est. <input type="text"/> # of Yrs at Location <input type="text"/>
# of Employees <input type="text"/>	Monthly Credit Requested <input type="text"/> Average Monthly Purchases <input type="text"/>
Credit Card Type <input type="text"/>	Credit Card # <input type="text"/> Expiration/Mo <input type="text"/> Yr <input type="text"/>
Credit Card Digital Authorization Signature <input type="text"/>	Date <input type="text"/>

### CONTACTS:

Accounts Payable <input type="text"/>	Phone # <input type="text"/>	Email <input type="text"/>
Office Manager <input type="text"/>	Phone # <input type="text"/>	Email <input type="text"/>

**AUTHORIZED BUYERS:** #1  #2  #3

**PURCHASE ORDER REQUIREMENTS:** Numerical Purchase Order Required  *If a name only or other purchase instructions are required, please indicate below.*

Special Instructions:

Is the company Non-Profit or Tax Exempt?  If Yes, Please List Tax Exempt #

Will this account be used for the purchase of any resale merchandise?  If Yes, Please List Resale #

### GUARANTOR INFORMATION:

Name <input type="text"/>	Title: <input type="text"/>	S.S. # <input type="text"/>	Phone # <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

### Important : PLEASE READ TERMS BEFORE SIGNING

I agree to keep within your 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 for attorney fees; also the cost of such suit. Principal and interest payable in lawful money of the United States.

Date

Authorization Signature

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