



Application for Business Credit

Please complete, sign & return this form to our Accounting Department via fax at (254) 778-0082, or email to accountsreceivable@perryop.com. Allow 3-5 business days for your account to be set up. All information is required.

Date of Application _____ Taxable ___ Non-Taxable (please attach copy of certificate)

Name of Firm _____

Phone _____ Fax _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address (if different) _____

City _____ State _____ Zip _____

___ Sole Proprietorship ___ Partnership ___ Corporation - State & Year Incorporated: _____

Name of President, Partner(s) or Owner(s) _____ Phone _____

Accounts Payable Contact _____ Phone _____

E-Mail Address _____

Email Address to send Monthly Statements (required): _____

___ Check if Purchase Orders are required. Number of Employees in Company _____

___ Check to Setup Web Ordering. Preferred Username _____ Preferred Password: _____

BANK REFERENCES	Bank Officer to Contact	Address - City, State, Zip	Telephone / Fax

THREE (3) BUSINESS REFERENCES REQUIRED	Account Number	Address - City, State, Zip	Telephone / Fax
1.			
2.			
3.			

I (We) understand that the information furnished on this page is for the purpose of obtaining business credit from Perry Office Plus, and do hereby authorize the above entities to release the credit reference information requested for such purposes. I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. All accounts or monies due Perry Office Plus shall be due and payable at your place of business no later than the (10th) day of the month following the date of the invoice. rev 12.17

Print Name _____ Print Name _____

Sign Name _____ Sign Name _____

INTERNAL USE

Rep _____ Date _____ Slsm# _____ Limit _____ Contracts _____

Bill Complete ___ Ship Complete ___ Shipping Reqs _____