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New Account Form

Please complete this section

Company Name

Contact Name

Phone

Fax

Type of Business:

Sole Proprietorship Partnership

Year Established _____

Corporation – State of _____

Dun & Bradstreet Number _____

If business is a Sole Proprietorship or Partnership, please provide name(s), address(es), and Social Security number(s):

Bank Reference:

Bank Name

Bank Account Number

Contact

Title

Phone

Please complete this section to pay by check

Credit Limit Request

Trade References (Company Name, Address, Contact, Title, and Phone Number):

\$

1)

2)

3)

Please complete this section to pay by credit card

Please check type of credit card:

Visa MasterCard American Express JCB Discover

Credit Card Number

Expiration Date

Name on Card

Billing Address for Credit Card

Authorized Signature

Date

I hereby authorize National Office Solutions Inc. to charge my credit card for the purpose of purchasing merchandise and services.

Authorized Buyers

If you wish to establish a list of Authorized Buyers, enter their names below. Please notify your Account Manager of any changes to your Authorized Buyers list.

Authorized Buyer

Authorized Buyer

Authorized Buyer

Authorized Buyer

General Terms and Conditions

Bills are sent after each order. All bills are due upon receipt and considered past due after 30 days. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our Credit Department.

Authorized Signature

Printed Name

Title

Date

Applicant hereby authorizes release of any credit information from any source, including applicant's bank, to Give National Office Solutions, Inc. for the purpose of extending credit. The above information is submitted for the purpose of opening an account, and I do hereby certify that this information to be true and correct.

Please fax to our Credit Department's secure fax at (925) 838-2193