

Glennie's Office Products Inc.
Phone 800-499-CLIP (2547) Fax 760-745-0776
acctsreceivable@glenniesop.com
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company (Account) name:			
Phone:	Fax:	E-mail:	
Bill to address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
DUNS #			

BUSINESS AND CREDIT INFORMATION

Ship to address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	Buyer E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Glennie's Office Products, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Print Name		Print Name	
Title:	Date:	Title:	Date: