

Glennie's Office Products Inc.
Phone 800-499-CLIP (2547) Fax 760-745-0776
acctsreceivable@glenniesop.com
REQUEST FOR ACCOUNT – PAYMENT BY CREDIT CARD

BUSINESS BILLING INFORMATION

Company name:

Phone:

Fax:

E-mail:

CC bill to address:

City:

State:

ZIP Code:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS SHIP TO INFORMATION

Ship to address:

City:

State:

ZIP Code:

Office Products Buyers Name

Buyer E-mail:

Telephone:

Fax

CREDIT CARD INFORMATION

Name on Card:

Type of Card

Visa

MasterCard

American Express

Discover

Credit Card #

Exp Date

AGREEMENT

- 1. Claims arising from invoices must be made within seven working days.**
- 2. I am authorized to make charges on the credit Card listed above. I authorize Glennie's to bill the credit card for all deliveries to this account unless otherwise instructed.**

SIGNATURES

Signature

Print Name

Date:

Comments