

# McNamara's Office Products & Art Supplies

379 Broad Street  
Waverly, NY 14892  
(607) 565-7341  
FAX (607) 565-3303

2309 N. Triphammer Road  
Ithaca, NY 14850  
(607) 257-8700  
FAX (607) 257-7300

27-29 Lake Road  
Owego, NY 13827  
(607) 687-6706  
FAX (607) 687-6761

## **CONFIDENTIAL** **CREDIT APPLICATION**

### **BUSINESS INFORMATION**

CORPORATE HEADQUARTERS ADDRESS:

CITY: STATE: ZIP: PHONE:

#### **BILLING ADDRESS**

COMPANY NAME:

ADDRESS:

CITY:

STATE: ZIP:

PHONE:

FAX:

#### **BILLING ADDRESS**

COMPANY NAME:

ADDRESS:

CITY:

STATE: ZIP:

PHONE:

FAX:

#### **OWNERS/OFFICERS/PARTNERS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### **TITLES/AFFILIATION:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **CREDIT REFERENCES**

#### **TRADE REF:**

ADDRESS:

PHONE: FAX:

CONTACT:

YEARS DOING BUSINESS:

#### **TRADE REF:**

ADDRESS:

PHONE: FAX:

CONTACT:

YEARS DOING BUSINESS:

#### **TRADE REF:**

ADDRESS:

PHONE: FAX:

CONTACT:

YEARS DOING BUSINESS:

#### **TRADE REF:**

ADDRESS:

PHONE: FAX:

CONTACT:

YEARS DOING BUSINESS:

**CREDIT REFERENCES CONT'D**

<b>BANK:</b>	
ADDRESS:	CITY/STATE/ZIP:
PHONE:	FAX:
ACCOUNT #:	ACCOUNT OFFICER (CONTACT):
HOW LONG IN BUSINESS:	ESTIMATED ANNUAL ORDER VOLUME:

By signing this agreement, I authorize and accept the following:

1. McNamara’s Office Products & Art Supplies, LLC to contact my business’ bank and trade references.
2. McNamara’s Office Products & Art Supplies, LLC to request and obtain consumer credit reports in connection with the opening, monitoring and/or renewal of credit for me and/or my business.
3. That in the event of non-payment and the institution of legal proceedings, the person, the firm, or corporation to whom open account was extended agrees to bear the expense of all legal proceedings plus a reasonable attorney fee.
4. A service charge of 1.5% per month on all past due balances will be charged.
5. That payments will be made within 30 days of invoice date.
6. Credit policies are subject to change at the discretion of the credit department. Upon acceptance of this application, and the issuance of an open line of credit \_\_\_\_\_ agrees to abide by the credit policies of McNamara’s Office Products & Art Supplies, LLC.

**IMPORTANT NOTICE:** If credit is established and extended to applicant who represents itself as proprietorship or partnership, all billings will be individual to owners, jointly and severally.

DATE SUBMITTED:
CREDIT LIMIT DESIRED:

<b>SIGNATURE</b>
COMPANY OFFICER OR AUTHORIZED AGENT
BY:
DATE:

**PLEASE ATTACH TAX EXEMPTION CERTIFICATE IF APPLICABLE**