

McNAMARA'S

OFFICE PRODUCTS & ART SUPPLIES

We're the office people!

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

CONFIDENTIAL CREDIT APPLICATION

BUSINESS INFORMATION

CORPORATE HEADQUARTERS ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

BILLING ADDRESS

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

SHIPPING ADDRESS

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

OWNERS/OFFICERS/PARTNERS:

1. _____
2. _____
3. _____

TITLES/AFFILIATION:

- _____
- _____
- _____

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

BANK:	
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 Supply to contact my business' bank and trade references.
2. McNamara's Office Supply 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 Supply.

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:
DO YOU REQUIRE A PURCHASE ORDER? YES _____ NO _____

SIGNATURE
COMPANY OFFICER OR AUTHORIZED AGENT
BY:
DATE:

PLEASE ATTACH TAX EXEMPTION CERTIFICATE IF APPLICABLE