



Office Supply
The runaround stops here.

CUSTOMER INFORMATION FORM

Credit Card

DATE _____ Account Rep _____

Billing Address		Office Address (If different from Billing Address):	
Company Name		Company Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Email		Email	
Fax Number		Fax Number	
GENERAL INFORMATION			
Website Address		Anticipated Monthly Expenditure	
Principal Owner		Office Products Contact Person	
Type of Business		Form of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Individual	
Accounts Payable Contact		# Years in Business	
Current Suppliers:			
CREDIT CARD INFORMATION			
Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover		Credit Card #	
Full Name on Credit Card (Please Print)		Expiration Date	
Approval Signature (Owner/Officer)		3 digit Security Code above Signature on back of card	
FOR INTERNAL USE ONLY	Issued By	Approved By	Date
Notes:			CIF 2