



Office Supply  
The runaround stops here.

# CREDIT APPLICATION FORM

Please complete, sign, and return this form along with your Credit Reference Form to your account rep at the numbers listed below or fax to (616) 554-1313

DATE: \_\_\_\_\_

Account Rep: \_\_\_\_\_

<b>Billing Address</b>		<b>Office Address (If different from Billing Address):</b>	
Company Name		Company Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Email		Email	
Fax Number		Fax Number	
<b>GENERAL INFORMATION</b>			
Website Address		Anticipated Monthly Expenditure	
Principal Owner		Office Products Contact Person	
Type of Business		Form of Ownership:	
Accounts Payable Contact		# Years in Business	
Bank		Bank Contact	Branch Phone #
Current Suppliers:			
<b>CREDIT REFERENCES</b>			
1. Business Reference		Phone #	
2. Business Reference		Phone #	
3. Business Reference		Phone #	
<b>ACCEPTANCE &amp; APPROVAL</b>			
<p><b>TERMS AND CONDITIONS:</b> All accounts are COD until a credit application has been completed, reviewed, and approved. Payment Terms are NET 30 days. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by law, until paid in full.</p> <p><b>I (AS OWNER/AGENT) PERSONALLY GUARANTEE PAYMENT OF ALL OUTSTANDING SOS OFFICE SUPPLY INVOICES.</b> Signing this agreement indicates your acceptance of the terms and conditions as stated above. In addition, you authorize SOS Office Supply to make any and all inquiries necessary to process this Credit Application.</p>			
Name of Authorized Representative/Owner/Agent (Please Print)		Title	
Agreed and Accepted, Signed		Phone #	Date
	Issued By	Approved By	Date
Notes			Internal Use Only
			CIF-1



# Request for Credit Reference

4722 – 50<sup>th</sup> St. SE, Grand Rapids, MI 49512

Date: \_\_\_\_\_

Section A CREDIT REFERENCE		
Your Company Name	Credit Department Contact	Phone
Address	City, State, Zip	Email

**The Customer below has submitted an application for credit (and an order) and has listed your firm as a trade reference.** Thank you for the time taken to provide the requested information. We would be happy to return the favor at any time. The information that you provide will be kept confidential. *Please contact our office at the numbers listed below if you are unable to honor this request.*

Section B Credit Information		
Customer Name (requesting credit)		Date
Customer's Address		
Year Account Opened	Present Credit Limit	Highest Credit in Past Year
Date of Last Sale	Usual Payment Terms	Amount Now Due
Amount Past Due	Payments Tend to be: <input type="checkbox"/> Prompt <input type="checkbox"/> 30-45 Days <input type="checkbox"/> 45-60 Days <input type="checkbox"/> Over 60 Days	
Add your comments here. (If you need more space, please use a separate sheet):		

Section C CUSTOMER RELEASE	
I, _____ of _____ (Name of – Please Print) (Company Name)	
authorize SOS Office Supply to make any and all inquiries necessary to process this Credit Application and therefore respectfully ask that you share our credit history with them.	
Signature / Title	Phone
<b>For Office Use Only:</b>	

cref2