



Credit Application

Company Name: _____ Type of Business: _____
Billing Address: _____ Shipping Address: _____
City: _____ ST: _____ Zip: _____ City: _____ ST: _____ Zip: _____
Telephone #: _____ Fax #: _____
Contact Name: _____ Email: _____
Accts Payable Contact: _____ Email: _____ Phone # _____

Bank Reference

Bank Name: _____ Phone #: _____ Fax #: _____
Account Number: _____ Contact: _____

Open Account References

Name: _____ Phone #: _____ Fax #: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Name: _____ Phone #: _____ Fax #: _____
Address: _____ City: _____ ST: _____ ZIP: _____

Terms and Conditions

All invoices are due in full 30 days after invoicing. An interest charge of **1 ½%** will be added per month to late invoices. In the event of default, the undersigned agrees to pay all collection costs, attorney fees and court costs. A credit report will be secured and direct inquiries may be made. The undersigned agrees to the release of information for the purpose of obtaining credit. The undersigned understands, acknowledges and accepts The Office Products Dealer's terms and conditions of the sale and certifies that the information given is true and correct.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Authorizes OPD to set up business account. Fax back to (877) 325-5775 or (801) 973-4220. Thank you.

Account Manager: _____ Credit Limit: _____ Approved by: _____