

## Credit Application and Agreement

We wish to open an account with your company and submit the following information to enable you to obtain a credit history for this purpose.

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Ph:( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_

Purchasing Contact Name: \_\_\_\_\_ Phone w/ extension \_\_\_\_\_ E-mail: \_\_\_\_\_

IT Director Contact Name: \_\_\_\_\_ Phone w/extension \_\_\_\_\_ E-mail: \_\_\_\_\_

Marketing Contact: Name: \_\_\_\_\_ Phone w/extension \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Phone w/extension \_\_\_\_\_ E-mail: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Ph:( \_\_\_\_\_ ) \_\_\_\_\_ Fax:( \_\_\_\_\_ ). \_\_\_\_\_

(If sales tax exempt, please attach copy of current certificate) ♦

Corporation  Partnership  Proprietorship  Individual Years Established: \_\_\_\_\_

Principals: (names of officers or owners) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name	Home Address	Home Phone	Position
1.			
2.			
3.			

Trade References: Please include account#, address and telephone on all references)	Remarks (Office Use):
1. Name: _____ Phone: _____ Fax: _____ Acct#: _____	
Address: _____	
2. Name: _____ Phone: _____ Fax: _____ Acct#: _____	
Address: _____	
3. Name: _____ Phone: _____ Fax: _____ Acct#: _____	
Address: _____	
<b>Bank Reference:</b> _____ Acct #: _____	
Address: _____ Contact: _____ Phone: _____	

Are you interested in ordering online? Y or N If yes – approximately how many usernames will be needed? \_\_\_\_\_

- If yes, once your application has been approved we will contact you to obtain the pertinent information to setup your account to order online. We have many capabilities including multi-level approval processes

OFFICE USE ONLY				
Account #	Status: %	Salesman: Cont (s): _____	Taxable: Route:	Remote ID: Credit Limit:
Credit checks by: _____		Date: _____		
Entered by: _____		Date: _____		

**Terms and Conditions:**

The undersigned ("Customer") certifies that everything in this application is true and complete. Statements herein found to be false are grounds for immediate termination of the extension of credit. Upon such termination, any outstanding obligations of Customer to D & D Office Supplies, Inc. (D&D), shall be immediately due and payable. D&D is authorized to investigate customer's credit status, to obtain other such information as D&D shall require and to disclose any of such information to third parties. Customer hereby agrees to all terms and conditions of this agreement. Customer certifies that he/she has the power to make, deliver, and perform under this Agreement, and that the undersigned officer(s) or owner(s) of Customer are duly authorized to enter into this Agreement for and on behalf of Customer.

**Payment Terms:**

**New Accounts** ♦ Open account status may be applied for by submitting this credit application which must be filled out completely and signed by officer or owner in order to be processed and approved.

**Customers With Open Accounts** ♦ Customers with an approved credit line with D&D will have terms of Net 30 days. Customers more than 30 days past due may be put on "Shipping Hold" until their account is brought current. Customers more than 60 days past due may be put on "Credit Hold" until their account is paid in full. Past due amounts are subject to late payments service charges of 1.5% per month, which is an annual rate of 18%.

**Returned Checks** ♦ Customers with checks returned to our bank will be assessed a service charge of \$25.00, or 5% of balance, whichever is greater, for each check returned and will be required to remit the amount within seven (7) days of notification or will be placed for collection. NSF check customers may automatically be placed on a cash or cashier's check basis.

**Terms** ♦ All invoices due and payable net 30 days.

**Sales Tax** ♦ Customers are requested to send in a copy of their current sales tax exemption certificate. Failure to do so will result in sales tax being collected until a current certificate is on file.

**Changes** ♦ Applicant agrees to send D&D written notice of any changes in the form of ownership of applicant's business within five (5) days of such changes.

**Collections** ♦ D&D Office Supplies Inc. may turn your account over to an outside collection agency and/or an Attorney if it is past due. If this action is taken, Customer agrees to pay D&D reasonable charges and expenses incurred by the collection agency and/or the Attorney.

If credit is extended, I agree to pay all debts incurred within the terms of sale. Should the debt become past due, I expressly agree to pay service fees outlined in this agreement or the maximum permitted under applicable state law. I further expressly agree to pay collection costs and attorney fees incurred in connection with the collection of this account.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please Print Name

**Personal Guarantee**

Please Print Name

I, \_\_\_\_\_, in consideration for D & D Office Supplies, Inc., opening an account in the name of the above described applicant, do hereby personally and unconditionally guarantee the payment of any sum that may become due to D & D Office Supplies, Inc., on this account, together with the costs and expenses (including a reasonable attorney's fee) incurred by D & D Office Supplies, Inc., in the collection hereof. The undersigned Guarantor hereby waives any requirement that D & D Office Supplies, Inc., must first proceed against the applicant before looking to the undersigned for payment, and the undersigned hereby specifically states that D & D Office Supplies, Inc., may initiate a suit against the undersigned without joining or contemporaneously suing the applicant described above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Credit Application Must Be Filled Out Completely and Signed By Owner or Officer In Order To Be Processed**  
**Please fax completed application to: 412-829-1201**