

CUSTOMER ACCOUNT INFORMATION / CREDIT APPLICATION*The following information must be completed in full, and will be kept in the strictest confidence.***PART I - General Information**

Company Name:			Credit Limit Request:		
Billing Address:			Tel: _____ Fax: _____		
City	State	Zip	How Long In Business?		
Email Address:			How Did You Heard About Us:		
(If different from above)			A/P Name:		
Shipping Address:			A/P Email:		
City	State	Zip	Business License or Federal Tax ID#:		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			<input type="checkbox"/> Subsidiary of		
<i>Names of Principle Officers, Partners or Owners</i>		<i>Title</i>	<i>Email</i>		
1.					
2.					

PART II - Banking References

Bank:			Tel: _____ Contact: _____		
Bank Account No.	City	State	Zip	No of Years With Bank:	

PART III - Trade References

Vendor # 1:			Tel: _____ Fax: _____		
Acct. No.	Credit Limit:	Contact Person:		Net Term:	
Vendor # 2:			Tel: _____ Fax: _____		
Acct. No.	Credit Limit:	Contact Person:		Net Term:	
Vendor # 3:			Tel: _____ Fax: _____		
Acct. No.	Credit Limit:	Contact Person:		Net Term:	
Vendor # 4:			Tel: _____ Fax: _____		
Acct. No.	Credit Limit:	Contact Person:		Net Term:	

Supplies Connect (SC) is authorized to contact the above banks and trade references for information pertaining to the credit worthiness and financial responsibility of the applicant. Applicant agrees that if accepted by SC, applicant will be an at will customer subject to termination, and agree to pay for all merchandise received, within the terms granted and as invoiced. SC may cease doing business with customer for any legal reason, with or w/t cause and with or w/t notice. Customer hereby agrees to pay all costs of collection or legal fees or attorney fees should such action be necessary due to non-payment of past due invoices plus interest. Applicant hereby specifically waives choice of venue, consents to personal jurisdiction in California, agrees to litigate and dispute with SC regarding the purchase in the county of Los Angeles, State of California. In addition to the remedies provided herein, SC shall be entitled to all other remedies provided under the UCC. In the event of applicants default, SC may, have in option without demand declare all obligations immediately due and payable. All principals and officers of the business/corporation are responsible to pay unpaid balances. Signing this application whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation. Please make a check payable to Supplies Connect. Thank you for your interest to open up an account with us. If applicant is a corporation, this form must be signed by an officer.

I have read and agree to Supplies Connect Terms and Conditions.

Authorized Signature _____ **Date** _____

Name _____ **Title** _____

FOR INTERNAL USE ONLYCredit Approved ☐ Yes ☐ No Net Terms: ____ Days Credit Amount: \$ _____

Sign By: _____ Date: _____ Customer No. _____ Comments: _____



One Stop for Copier, Printing Supplies and Equipments
6427 Alondra Blvd. Paramount, CA 90723
Tel (562) 663-9002 Fax (562) 663-9037
www.suppliesconnect.com
E-mail: ask@suppliesconnect.com

Supplies Connect Credit Check Authorization

Customer's signature below authorizes Supplies Connect to obtain any and all information and authorizes customer's credit and bank references to release any and all information that may be required for the purpose of a credit transaction. Supplies Connect shall treat all information contained or received in connection with the attached credit application as confidential and for internal use only.

Signature ("Buyer or Upper Management")

Company

Print Name & Title

Date