

BUSINESS ACCOUNT APPLICATION

Type of account requested. Check One Credit Card Net 30

CUSTOMER INFORMATION

Company Name _____

Street _____

City, State, ZIP _____ Main Phone # _____

Buyer Name _____

Buyer Phone # _____ Extn# _____

Buyer email address _____

Website Address _____

Purchase Order Required Yes No

eMail Order Acknowledgement Yes

eMail Flyers and Product Notices Yes

I need access to web site? Yes No Password Request _____

Must be minimum of 6 characters (case sensitive)

SHIP TO NAME (Delivery Location if different from Main Address)

Company Name _____

Street _____

City, State, ZIP _____

Name (if different from main buyer) _____

Direct Dial # _____ Ext# _____

Email address _____

(Your company may have one address which fulfills more than one role listed above. If multiple ship to locations please attach a list of all the "ship-to" locations)

BILL TO NAME (party that receives the invoice for payment)

Company Name _____

Street _____

City, State, ZIP _____

Person responsible for payment _____

Direct Dial # _____ Extn# _____

INVOICING OPTIONS: PLEASE CHECK ONE (EMAIL RECOMMENDED)

EMAIL MAIL

EMAIL ADDRESS _____

Net 30 DAY ACCOUNT _____ **Initial here**

Capitol's Credit Terms are net 30 days from invoice date. (Unless Specified Differently in a Customer Contract such as office furniture) Outstanding Balances are subject to a 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information to Capitol and authorize the checking credit. The undersigned agrees to pay all collection costs, court costs and legal fees incurred to collect delinquent balances.

Check One: Sole Prop Partnership Corporation LLC Individual

Check One: Taxable Exempt (attach certificate) Date Business Established _____

CREDIT REFERENCES

BANK NAME _____

Street _____

City, State, ZIP _____

Contact Name _____ Phone # _____ Extn# _____

Account # _____

TRADE REFERENCES (Attach or provide below)

1) Company Name _____

Street _____

City, State, ZIP _____

Contact Name _____ Phone # _____ Extn# _____

Account # _____

2) Company Name _____

Street _____

City, State, ZIP _____

Contact Name _____ Phone # _____ Extn# _____

Account # _____

Signature required _____ **Date** _____

Please Print Name _____

CREDIT CARD ACCOUNT **BANKCARD INFORMATION**

Check One: Taxable Exempt (attach certificate)

Check One American Express MasterCard VISA

NAME (as it appears on the card) _____

CARD NUMBER _____

V-CODE# _____ EXPIRATION DATE _____

Credit card billing address: (if different from "Bill To")

Street _____

City, State, ZIP _____

Signature _____

SIGNATURE AS SHOWN ON CREDIT CARD

Please Print Name _____

_____ Check to allow Capitol to keep your credit card number on file for use on all future purchase.

CAPITOL OFFICE SUPPLY

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EXPECT POSITIVELY OUTRAGEOUS SERVICE