

Electronic Application (Must be printed, signed, then faxed or mailed to Hicks Office Plus)

Hicks Sales Associate			
Legal Company Name			
Phone		Fax	
Accounts Payable Email			
Purchasing Contact Email			
Bill To:(include county)		Ship To:(include county)	

**Principal Owner(s) or Officers**

Name	Title	Home Address	Phone	Social Security #

**\*Social Security Number Required on All Partnerships and Proprietorships**

Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Name of Parent Company if Subsidiary or Division	
Place an X in the proper box above			Date Established	
			Years at Present Location	
			Present Ownership Since	
Federal Tax ID #			Tax Exempt? (Yes or No)	

**If Yes, please attach a Sales and Use Tax Form**

Estimated Monthly Amount	
Purchase Order Number Required (Yes or No)	

**Accounts Payable Contact:**

Name		Phone		Extension	
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**Trade References** (Manufacturer Preferred)

Name	Address and City	Zip Code	Phone #	Fax #

**Bank Information**

Name	Address	Bank Officer

The undersigned applicant certifies the above information is true and correct and authorizes Hicks Office Plus to contact all references listed to verify information on the applicant's company. The undersigned agrees to pay all charges in accordance with payment terms of Net 15 days. A late fee of 1.5% per month will be applied to balances 30 days past due. Should credit availability be granted by Hicks Office Plus, all decisions with respect to its extension or continuation shall be in the sole discretion of Hicks Office Plus. Hicks Office Plus may terminate any credit availability within its sole discretion. If the undersigned applicant's account is placed in the hands of an outside agency for collection, the undersigned agrees to pay reasonable attorney fees and collection costs, even through legal proceedings are not filed.

Signature Name	Signature and Date	

Please, only authorized signature can be accepted