



RETURN TO: P.O. Box 1025, Hermitage, PA 16178
724-347-7788 Fax 724-347-1182

Name of Firm or Individual	Telephone Number
Billing Address	Years in Business
City, State, Zip Code	Primary Email Address
Shipping Address (If different from Above)	

Please Check One: Individual _____ Partnership _____ Corporation _____ (State _____)

if Subsidiary, Name of Parent Company	Tax Exempt	(if Yes, Attach Appropriate, completed State Form or other authorization as required by law)
---------------------------------------	------------	--

Name(s) of Principal(s)

Home Address & Social Security Number (Required if in business less than 24 months)

Special Billing Instructions	1. _____ Authorized Buyer(s)
------------------------------	---------------------------------

Individual to contact regarding billing questions	2. _____
---	----------

Phone # _____ Ext. _____ Fax # _____	3. _____
--------------------------------------	----------

Email: _____ P.O. Required? Yes No

BANKING REFERENCES

Name	Branch	Location	Account Number	Phone #
------	--------	----------	----------------	---------

Name	Branch	Location	Account Number	Phone #
------	--------	----------	----------------	---------

TRADE REFERENCES

Name	Address	Location	Account Number	Phone #
------	---------	----------	----------------	---------

Name	Address	Location	Account Number	Phone #
------	---------	----------	----------------	---------

Name	Address	Location	Account Number	Phone #
------	---------	----------	----------------	---------

In consideration of Hicks Office Plus extending credit on an open account basis to the undersigned, I/We agree that all accounts are due on a net 20 day basis from the date of invoice unless otherwise agreed to in writing by the president of Hicks Office Plus. I/We agree that interest on any overdue balance will accrue at the rate of 1-1/2% per month with a \$1 minimum. If any legal actions are necessary to enforce collection pursuant to this agreement, it is agreed that Hicks Office Plus shall be entitled to reasonable attorney's fees plus any other costs and expenses associated with collecting this debt.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE of Owner or Officer in the Corporation TITLE

NAME (please print) DATE

For Office Use Only

References Checked By	Credit Approved By	Credit Refused By	Date
-----------------------	--------------------	-------------------	------

Salesrep. No. _____ Disc. Code _____ Catalog Code _____ Date Received _____ Credit Limit _____