

Bennett's Office Supply & Equipment - Credit Application

Personal information required if in business 5 years or less, or if 20 employees or less. Incomplete applications will not be processed.

Customer and Billing Information - Incomplete Applications Can Not Be Processed.

Company Legal Name _____ Phone No. () _____ Fax No. () _____

Taxable Exempt Federal Tax ID # _____

Billing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Years in Business _____ No. of employees _____ Business Description _____

Type of Business S-Corp Non-Profit Proprietor Partnership Corporation Government

Parent Company Name _____ City _____ State _____ Zip _____

Personal Information of Proprietor, Partners or Major Shareholders

Full Name _____ Title _____ Soc. Sec. No. _____ D/L No. _____

Home Address _____ City _____ State _____ Zip _____ Phone No. () _____

Full Name _____ Title _____ Soc. Sec. No. _____ D/L No. _____

Home Address _____ City _____ State _____ Zip _____ Phone No. () _____

Bank & Credit References

Name of Bank _____ Checking Account No. _____

Phone No. _____ Contact _____ Loan Account No. _____

Name _____ Phone No. _____ Account No. _____

Name _____ Phone No. _____ Account No. _____

Name _____ Phone No. _____ Account No. _____

Authorization for Disclosure of Credit Information (THIS MUST BE SIGNED)

Bennett's Office Supply & Equipment credit terms are NET AMOUNT DUE BY 10th OF MONTH FOLLOWING DATE OF PURCHASE.

Applicant hereby authorizes the release of business and/or personal credit information to Bennett's (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. I hereby represent all information is true, correct and complete. A photostatic copy of this authorization shall be valid as the original. If this application is approved, I agree to pay in accordance with Bennett's stated credit terms of net amount due by 10th of month following date of purchase.

Signature _____ (Authorizing Officer Signature) Name _____ (Please Print Name) Title _____ Date _____

OFFICE USE ONLY

Store Location: _____

Mineral Wells

Stephenville

Weatherford

Approved _____

Disapproved _____

Notification _____

Limit _____

Date _____

Initials _____

Account # _____