



**5461 Southwyck Blvd
Suite 1B Toledo, Ohio 43614
Phone: 419-865-1000 Fax: 419-865-1002**

Company Name:		Date:	
Purchasing Contact:		Phone:	
E-Mail:		Fax Number:	
AP Contact:		Phone:	
E-mail:		Fax Number:	
<i>Bill To Address:</i>			
City:		State:	Zip:
<i>Ship To Address:</i>			
City:		State:	Zip:
Corporation:		Partnership:	Limited Partnership:
Full Name of Owner and/or Owners			Title:
Type of Business:		Date Business Established:	
Invoice Options: (circle choices)			
E-Mail:		Fax:	Mail:
Frequency: Daily		Weekly:	Monthly:
Use credit card to pay (circle one)?		Yes:	No:
Do you require a PO Number for invoice payment (circle one)?			Yes: No:
Tax Exempt (circle one): If Yes attach Tax Exempt Certificate			Yes: No:
Bank Reference:			
Name of Bank:		Account #	Phone:
Trade References:			
Name:		Phone:	
Account Number:		Fax:	
Name:		Phone:	
Account Number:		Fax:	

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms: PAYMENT DUE NET 20 DAYS FROM DATE OF INVOICE. Applicant agrees to pay finance charges as billed on past due balances. I understand that invoices not paid within 30 days of invoice date will be accessed a 1.5 % finance charge. The maximum amount of carrying charges shall not exceed those permitted by the Revised Code of the state of Ohio. The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the above references to release information pertaining to my/our credit and financial responsibility to Everything Office Ltd.

Firm Name: _____

By: _____

Title: _____