

Electronic Application (Must be signed, then e-mailed or mailed to FriendsOffice.)

FriendsOffice Sales Associate  FriendsOffice™ Account #

Legal Company Name

DBA (if different than Legal Company Name)

Phone  Fax  Purchasing Contact E-mail

Bill To (include county):  Ship To (include county):

**Principal Owner(s) or Officer(s)**

Name	Title	Home Address	Phone	Social Security #

\*Social Security number required on all partnerships and proprietorships

Business Type	Name of Parent Company if Subsidiary or Division	<input type="text"/>
<input type="checkbox"/> Corporation	Date Established	<input type="text"/>
<input type="checkbox"/> Subsidiary	Years at Current Location	<input type="text"/>
<input type="checkbox"/> Partnership	Present Ownership Since	<input type="text"/>
<input type="checkbox"/> Proprietorship	Federal Tax ID #	<input type="text"/>
<input type="checkbox"/> Non-profit/Government	Tax Exempt?	<input type="text"/>

(if yes, please attach sales and use tax form)

Estimated Monthly Amount

Purchase Order Number Required? (yes or no)

**Accounts Payable Contact Information**

Name	Phone	Extension	E-mail

**Trade References** (Manufacturer Preferred)

Name	Address (include city, state, zip)	Phone	E-mail	Fax

**Bank Information**

Name	Address (include city, state, zip)	Bank Officer	Phone	E-mail

By the signature of the applicant (officer, principal, owner or partner), you certify the above information is true and correct and hereby authorize Friends Service Company, Inc., DBA FriendsOffice™ to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report, contacting 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 unless overridden by an "Extended Terms Agreement" or other such contract specifying different terms that has been signed by an officer of Friends Service Company, Inc. The undersigned understands that a late fee of 1.5% per month will be applied to unpaid balances older than 30 days or 1 day past due in the event that terms have been extended past net 30 days. Should an open charge account be granted by FriendsOffice™, all decisions with respect to its extension, continuation and right to terminate credit availability shall be in the sole discretion of FriendsOffice™. In the event that the undersigned applicant's account is placed in the hands of an outside agency for collection due to non-payment, the undersigned agrees to pay reasonable attorney fees and collection costs, even though legal proceedings are not filed.

Print Name  Signature and Date

\*Only authorized signature can be accepted electronically

Score: <input type="text"/>	<b>Office Use Only</b>	Approved for: <input type="text"/>	
Years in System: <input type="text"/>	Number of Employees: <input type="text"/>	Annual Revenue: <input type="text"/>	Processed by: <input type="text"/>