



# Pre-Approved APPLICATION FOR CREDIT

**Southern Nevada**  
PH: 702-457-3636 Fax: 702-457-4422  
**Northern Nevada**  
PH: 775-883-7755 Fax: 775-883-9158  
Email: officeplus@officeplusnv.com

Account #:

Limit \$  Disc %

Contract:  Date:

Sales Rep:

*To Be Completed By Office Plus*

Company Name

**Mailing Address:**

Address

City  State  Zip Code

**Shipping Address:**

Address

City  State  Zip Code

WebSite

Phone #  Fax #  Email

Fed Tax ID#  Select One  State Est.  Year Est.  # of Yrs at Location

# of Employees  Monthly Credit Requested  Average Monthly Purchases

Credit Card Type  Credit Card #  Expiration/Mo  Yr

Credit Card Digital Authorization Signature  Date

**CONTACTS:**

Accounts Payable  Phone #  Email

Office Manager  Phone #  Email

**AUTHORIZED BUYERS:** #1  #2  #3

**PURCHASE ORDER REQUIREMENTS:**

Numerical Purchase Order Required

*If a name only or other purchase instructions are required, please indicate below.*

Special Instructions:

Is the company Non-Profit or Tax Exempt?  If Yes, Please List Tax Exempt #

Will this account be used for the purchase of any resale merchandise?  If Yes, Please List Resale #

**GUARANTOR INFORMATION:**

Name  Title:  S.S. #  Phone #

Address  City  State  Zip Code

**Important : PLEASE READ TERMS BEFORE SIGNING**

I agree to keep within your terms if granted an open account. Should this account EVER become delinquent and it be necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum for attorney fees; also the cost of such suit. Principal and interest payable in lawful money of the United States.

Date

Authorization Signature

**TERMS:** Amount DUE on or before the 10th- PAST DUE after the 15th. Accounts PAST DUE as of the 30th WILL BE placed on C.O.D. basis ONLY. All returns subject to 15% re-stocking fee. NO RETURNS after 30 days. All returned checks subject to a \$25.00 processing fee.