

Officewise

FURNITURE & SUPPLY

Website: officewiseco.com
 P. 800.333.1185 F. 806.372.4237
BUSINESS AND CREDIT INFORMATION

Business Name: _____

Billing Address: P.O. Box: _____ Street: _____ City: _____ State: _____ Zip: _____

Shipping Address: Suite: _____ Street: _____ City: _____ State: _____ Zip: _____

Type of Business: _____ Resale Tax No.: _____

Length of Time In Business: _____ Phone Number: () _____

Type of Business Ownership: _____ Fax Number: () _____

Name(s) of Principal(s) _____

Please specify special requirements: _____

Would you prefer invoices and statements **Faxed** or **Emailed**? Fax# () _____ Email _____

Are Purchase Orders required: **Yes No** Please specify how you wish to do business: **Open Account C.O.D. Only Account**

If you wish to do business by C.O.D. only, the Reference portion need not be completed. Credit Card # _____ Exp _____

REFERENCES

Suppliers (open accounts only.) Please include account number and complete address:

1. Business Name: _____ Contact: _____ Phone: _____
 Street: _____ City: _____ State: _____ Zip: _____

2. Business Name: _____ Contact: _____ Phone: _____
 Street: _____ City: _____ State: _____ Zip: _____

3. Business Name: _____ Contact: _____ Phone: _____
 Street: _____ City: _____ State: _____ Zip: _____

Bank: _____ Checking Account Number: _____

I understand by signing this application that the company I represent agrees to pay all purchases per terms on invoice.

Date: _____ (Signature) _____

_____ (Title) _____

MERCHANDISE RETURN POLICY

All merchandise is sold without return privileges. We will not accept for credit, the return of any merchandise unless authorized by us. Any merchandise ordered from us that is listed in our General Line Office Products Catalog, that is in its original packaging and unused will normally be authorized for return at full invoice price. Credit will be issued if it is returned within 15 days from our invoice date. Merchandise that is authorized for return after 15 days for reasons other than our error will be subject to inspection and credited up to 85% of the invoice price. Merchandise will not be authorized for return after 30 days from date of invoice unless it is defective and under factory warranty. Any products ordered from us that are not in our catalog (special order or custom manufactured) will be subject to the return policies of the factory or distributor from whom it was ordered. If you need to return merchandise to us for credit, please contact our customer service department to request a Return Authorization number. This insures that we issue proper credit on your return.

FOR OFFICE USE – PLEASE DO NOT WRITE IN THIS SPACE

CUSTOMER SINCE:	_____	ACCOUNT NUMBR:	_____
CURRENT BALANCE:	_____	STATUS O/E	SALESMAN TAXABLE
HIGH CREDIT:	_____	TM1:	TM2: TYPE: DISC:
PAYMENT TREND:	_____	CONTRACTS:	_____
TERMS:	_____	PO REQUIRED:	_____
LAST SALE:	_____	NATIONAL DROP SHIP ACCOUNT:	_____
APPROVAL:	By: _____ Date: _____ Limit: _____	ROUTE:	SORT ORDER: _____