

CREDIT AND NEW ACCOUNT APPLICATION

Office Equipment Company

1701 Breckenridge Street P.O. Box 1191
Owensboro, KY 42302-1191
Phone (270)926-2222 Fax (270)685-FAXS

Date: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of business: _____

Number of years in business: _____ Number of years at present location: _____

____ Corporation ____ Sole Proprietorship ____ Partnership

Officers:

1. President: _____

2. Vice-president: _____

3. Secretary/Treasurer: _____

4. Process agent (If a corporation): _____

5. Person responsible for payment: _____
That person's Social Security number: _____

Bank reference: _____ Contact: _____

Three local business references:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I give my permission for credit information to be released : _____

For office use only
New account: ____ Yes ____ No Salesperson's name: _____
Reason for change: _____
Credit approved _____ Credit not approved _____