

705 AVENUE K
PLANO PARKWAY @ AVENUE K
PLANO, TX 75074
P) 972-424-8561



PLEASE RETURN APPLICATION TO:
Fax) 972-422-9936

CREDIT APPLICATION

DATE _____

COMPANY NAME _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE _____ FAX _____

OWNER'S NAME _____

ACCOUNTS PAYABLE CONTACT _____

NATURE OF BUSINESS _____ # OF EMPLOYEES _____

PREVIOUS OFFICE SUPPLY SOURCE _____

YEARS IN BUSINESS _____ IS PO REQUIRED _____

BUILDING: LEASE OR OWN _____ BANK WITH _____

CREDIT REFERENCES

1) _____ CONTACT _____

2) _____ CONTACT _____

3) _____ CONTACT _____

NAMES OF PERSONNEL AUTHORIZED TO PLACE ORDERS

PAYMENT TERMS: BY INVOICE - NET 15 DAYS -OR- BY STATEMENT - NET 10 DUE BY THE 10th

RETURN POLICY: FULL CREDIT WILL BE ISSUED IF RETURNED WITHIN 10 DAYS & IN ORIGINAL CARTON
ASSEMBLED OR SPECIAL ORDERED FURNITURE CANNOT BE RETURNED FOR ANY REASON

AUTHORIZED SIGNATURE _____ TITLE _____

OFFICE USE ONLY

SLSM # _____ TERMS _____ TRUCK _____ LOC _____ APPRV _____