

PRIDE OFFICE PRODUCTS, INC.

20 North America Drive
West Seneca, New York 14224
Phone: (716) 332-0502
Fax: (716) 332-0509

Account No.	_____
Credit Limit	_____
Approved by	_____
Date	_____

CONFIDENTIAL CREDIT APPLICATION

Date _____

Firm Name _____
AKA _____ Phone No _____
Address _____ Fax No _____
City _____ State _____ Zip _____
Web Address _____ Email Address _____

Year Established _____ Corporation Partnership Limited Partnership Proprietorship
D & B _____

Your account will be COD until application has been submitted and approved. Your prompt return of this application will allow us to process the application immediately. Thank you for your cooperation.

Credit Line Requested _____ Annual Sales \$ _____

Name of Bank _____ Name of Officer _____
Account Name _____ Phone No _____
Address _____ Fax No _____
City _____ State _____ Zip _____

Trade Reference No. 1 Secured Unsecured
Name _____ Phone No _____
Address _____ Fax No _____
City _____ State _____ Zip _____

Trade Reference No. 2 Secured Unsecured
Name _____ Phone No _____
Address _____ Fax No _____
City _____ State _____ Zip _____

Trade Reference No. 3 Secured Unsecured
Name _____ Phone No _____
Address _____ Fax No _____
City _____ State _____ Zip _____

For faster processing, please include your company's financial statement.
Applicant's signature attests responsibility, ability and willingness to pay invoices within accordance of terms. Terms: Net 30. 1 1/2% service charge after 30 days (or the legal rate, if less).
The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize to investigate the listed references. I further agree to be personally liable for reasonable legal and collection expenses.

Date: _____ Signed by: _____ Title: _____