

APPLICATION FOR CREDIT

Return Information Mail to: P.O. Box 24118, Tempe, Arizona 85285 or, fax to: 480-889-4419 or, e-mail completed and signed PDF attachment to: pdrozdowicz@wist.com

Legal Name:		dba:			
Address: City, State Zip Code: Billing Address (if different from above):		Company Telephone Number: Fax Number:			
					Year Business Established:
		Name of Organization Principal:		Person Responsible for Accounts Payable:	
Contact Telephone Number:		E-mail Address:			
If Subsidiary, Name of Parent C	Corporation:	Address of	Parent Company (if	different t	han subsidiary)
Proprietorship	Partnership		Corporation	(Sta	ate)
Federal Tax ID#:	Tax Exempt? Y / N If Yes, Completed State Aff		Tax Exempt #: Affidavit must be		
Credit Limit Desired:	submitted				
BANKING REFERENCES					
Bank Name:	Branch Location:		Telephone #:	Conta	ct:
Bank Name:	Branch Location:		Telephone #:	Conta	ct:
TRADE REFERENCES					
Company:	Address:		Telephone #:		Account # (if any):
Company:	Address:		Telephone #:		Account # (if any):
Company:	Address:		Telephone #:		Account # (if any):

TERMS AND CONDITIONS

I/We hereby authorize Wist Office Products Company to investigate the information contained in this credit application and agree to the following terms and conditions:

To pay a monthly service charge on all invoices which become delinquent on this account which will be 1 ½% per month or the maximum amount permitted by law which ever is greater.

Any account not paid by the 45th day from the date due which does not have prior management approval of an alternate schedule of payments will be put on a "cash only" basis until paid. Accounts not paid by the 90th day will be reviewed for legal action.

In the event this account is referred to a collection agency or legal action is filed, I/We agree to pay all costs of collection and/or court costs and attorney fees.

It is expressly and specifically understood that in the event of a court action that the applicant waives his/her/entity rights to litigate outside Maricopa County Arizona.

This agreement is entered into in good faith and is governed by applicable laws of the State of Arizona and the United States of America.

Signature (Owner, Partner, Officer, Authorized	Title	Date
Representative)		

Personal Guarantee (if an individual):

I personally guarantee this account to be paid as stated above.

Name (Print):	Signature:	Date:

For Office Only:

Salesperson	Account Number	Credit Limit Approved
Date Entered into System	Date Approved	Approved By