



Wist Sales Representative: _____

Post Office Box 24118
Tempe AZ 85285-4118
Phone: (480) 921 – 2900
Fax: (480) 921 – 2121

CREDIT APPLICATION

Legal Name:	dba:
Address:	Address:
City, State and Zip Code	City, State and Zip Code
Phone Number: ()	Phone Number: ()
Year Established:	How long at present address:
Type of Business:	Previous Address:
Person Responsible for Issuing Purchase Orders:	Phone Number: Email Address: ()
Accounts Payable Contact:	Phone Number: Email Address: ()
Average Number of Days for Aging on Accounts Payable	Resale Number:
Type of Ownership (Corp, Partnership, Sole Proprietor ship):	Federal Tax I.D./Social Security Number (If Sole Proprietor)
General Partner, President or C.E.O.	Name (If Applicable):
Address:	Home Address:
City, State and Zip Code:	City, State and Zip Code

TRADE REFERENCES

Name:	Name:
Address:	Address:
City, State and Zip Code	City, State and Zip Code:
Phone Number: ()	Phone Number: ()
Name:	Name:
Address:	Address:
City, State and Zip Code	City, State and Zip Code:
Phone Number: ()	Phone Number: ()

Credit Limit Desired: \$ _____

Monthly Purchase Estimate: \$ _____

Number of Open Accounts Needed: _____

For Accounting Use Only:

Sales #: _____

Customer #: _____

Credit Limit: _____:

Approved By: _____

Date Approved: _____

Date Entered into System: _____

AUTHORIZATION FOR CREDIT INFORMATION RELEASE

Bank Name: _____

Address: _____

City, State and Zip Code: _____

Account Number: _____

Checking Account Number: _____

Phone Number: _____

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 receive all invoices, billing statements and account statements via e-mail, fax transmission and/or hard copy through U.S. Postal Service.

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 30th 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 60thday 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.

By _____
(Individual, Owner, Partner, Corporate Officer)

Title _____ Date _____

(Personal Guarantee)