

Fill out this form and fax it to A-Z's Credit Manager, (Amanda Cates), at 931-388-2008.
This form must be complete with all information noted prior to account setup.



A-Z Office Resource, Inc.

Account Information Sheet

A-Z Office Resource Sales Rep Name: _____
(if known)

Company Name: _____ Ship To Address: _____

Bill To Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Corporation: Yes _____ No _____ Years In Business: _____ Purchase Order Number Required: Yes _____ No _____

Is your company tax exempt: Yes _____ No _____ (If yes, please attach a copy of your Tax Exempt Form. This form must be completely filled out and signed by the proper authority.)

Company Purchaser: _____ Accounts Payable Contact: _____

Banking Information

Bank Name & Address: _____

Account#: _____ Phone#: _____ Contact Name: _____

Business Credit References

Reference Company Name & Address: _____

Account #: _____ Phone#: _____ Contact Name: _____

Reference Company Name & Address: _____

Account #: _____ Phone#: _____ Contact Name: _____

Reference Company Name & Address: _____

Account #: _____ Phone#: _____ Contact Name: _____

Credit Terms

Payment is due 30 days from the date of the invoice. Late payment will result in your account being placed on credit hold status. Should your account become 60 days past due, you will be responsible for the amount due, late charges, if any, and legal fees to obtain collection. A 2% per month finance charge may be assessed on invoices over 30 days past due.

Return Policy

All returns must be authorized and made within 10 days of purchase. Only unused and unopened cartons may be returned.

Signature Confirms that you have read, understand, and agree to all terms and conditions. THIS FORM MUST BE SIGNED BY AN AUTHORIZED AGENT

Signature of Authorized Agent: _____ Date: _____