

ISSUED TO: Office Equipment Services, Inc.
350 Bevans Industrial Lane
Paw Paw, WV 25434
PHONE: 800-493-6377
FAX: 304-947-5913

OES Office Use Only:

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

CONFIDENTIAL CREDIT APPLICATION

All information on this application, and information received from references provided, will be kept in strict confidence.

APPLICANT

Date _____

Full Legal Company Name _____
Address _____
City _____ State _____ Postal Code _____
Telephone () _____ Fax () _____ Tax I.D. # _____
Year Company Established _____ Sr. Officer, Partner, or Owner _____
Type of Dealership(s) _____
Corporation Partnership Sole Proprietorship Subsidiary of _____
Amount of Credit Requested _____ Number of Employees _____
CFO _____ Accounts Payable Contact _____

BANK REFERENCE

Name of Bank _____ Phone () _____
Address _____ Fax () _____
City _____ State _____ Postal Code _____
Name of Officer _____
Account Number _____

TRADE REFERENCES (list principal creditors or suppliers)

NOTE: at least 1-year credit history preferred

Business Reference #1: (other than C.O.D. and Credit Card)

Company/Contact Name _____ Phone () _____
Address _____ Fax () _____
City _____ State _____ Zip _____

Business Reference #2: (other than C.O.D. and Credit Card)

Company/Contact Name _____ Phone () _____
Address _____ Fax () _____
City _____ State _____ Zip _____

Processing will begin upon first order. Please include your company's financial statements. OES assesses a monthly interest charge at the maximum legal rate on past due balances; items returned for insufficient funds will be assessed \$50 return check fee; the Applicant will be responsible for any collection and/or legal fees incurred in the collection of a delinquent account. By signing below you are agreeing to the Terms and Conditions of Sale on behalf of the Applicant, a copy of which accompanies this credit application. Additional copies of the Terms and Conditions are available upon request, or by visiting www.oeservices.com.

By signing below you attest to the truth and honesty of all statements and information contained herein.

Signature _____ Title _____

Print Name _____ Date _____

Authorization to Release Credit Information

In consideration of an open account arrangement with Office Equipment Services, Inc., I hereby authorize you to release information to Office Equipment Services, Inc., regarding credit history, checking and savings accounts, and/or loan experience. Thank you for your cooperation.

Legal Name of Company

DBA, if any

Authorized Signature

Title

Date