

Chicago Office Products Co.

9710 Industrial Dr. - Bridgeview, IL 60455

(708)430-2005 - FAX (708)430-2440

APPLICATION FOR COMMERCIAL CHARGE ACCOUNT

Name of firm or individual _____

Billing Address _____ City _____ St _____ Zip _____

Shipping Address _____ City _____ St _____ Zip _____

Phone_(_____) _____ Fax_(_____) _____ Years at above Address _____

Name of office supply buyer _____ Title _____

Name of Information systems buyer _____ Title _____

Name of president or owner _____ Name of A/P clerk _____

Type of ownership - ___ Individual ___ Partnership ___ Corporation ___ In business since _____

Average monthly purchases of office supplies_\$ _____ Credit line requested_\$ _____

Trade references - Please list three trade references and one bank reference

Bank name _____ Address _____ City _____

State ___ Zip _____ Phone_(_____) _____ Account# _____

1)Name _____ Address _____ City _____

State ___ Zip _____ Phone_(_____) _____ Fax_(_____) _____

2)Name _____ Address _____ City _____

State ___ Zip _____ Phone_(_____) _____ Fax_(_____) _____

3)Name _____ Address _____ City _____

State ___ Zip _____ Phone_(_____) _____ Fax_(_____) _____

CREDIT AGREEMENT: We agree to pay Chicago Office Products Co. invoices, when due within their stated terms of; Net 30 days from date of invoice and agree to pay a late fee of 1.8% per month (21.6% per year) on any past due invoices. We also agree to pay any and all collection agency or attorney fees if our account is past due over 90 days.

Signed _____ Title _____ Date _____