

# Chicago Office Products Co.

9710 Industrial Dr. - Bridgeview, IL 60455

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

## APPLICATION FOR SHOP COPCO INTERNET ACCOUNT

Name of firm or individual \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Years at above Address \_\_\_\_\_

Credit Card type (check one) \_\_\_ Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover

Name as it appears on credit card \_\_\_\_\_

Billing address of Credit card \_\_\_\_\_

Credit card number \_\_\_\_\_ expiration date \_\_\_\_\_

**Note: All orders placed on your account will automatically be billed to the credit card number listed above. If you wish to change this information, please contact us to update this information**

**I hereby authorize Chicago Office Products to charge all purchases on my account to the credit card above:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Password requested for on-line account** \_\_\_\_\_