

Graham Office Supply, Inc. Account Set Up

Fax to 614-221-4912 or email to marti@grahamofficesupply.com

General Information (page 1 of 3)

(Credit card users please complete page 1)

Date _____ Line of credit requested: _____ Will Use Credit Card: _____

Legal Business Name _____

DBA or Assumed Name: _____

Phone (____) _____ Fax (____) _____

Address _____ For Past _____ Years

D/B/A _____ Federal Tax ID # _____

Former Business Address (if applicable) _____

Bill to Address: _____

Ship to Address if different: _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

Tax Exempt # _____

No. of Employees _____ Est. Annual Sales _____ Sales Area _____

AP Contact Name, Phone # and Email: _____

Please List All Authorized Buyers:

Name, Phone # and Email:

Credit card Bill to Address if Different: _____

Authorized Credit Card Signature:

Signed: _____ Date: _____

Printed: _____

Personal Guarantee (page 3 of 3)

In consideration for Graham Office Supply, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Graham Office Supply, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Graham Office Supply, Inc. and the business. Graham Office Supply, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Graham Office Supply, Inc.

The guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Graham Office Supply, Inc. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Print Name: _____

Name of person guaranteeing payment, (NO TITLE)

Home Address: _____

Home Phone: _____ SS#: _____

Signature of person guaranteeing payment: _____ Date _____

Name of Business whose account is guaranteed: _____

CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit: Approved / Denied Amount \$ _____

Comments: _____

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