

Graham Office Supply, Inc.



268 South 4th Street • Columbus, Ohio 43215 • www.grahamofficesupply.com
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Open Account Setup

Business Information:

Company Legal Name: _____

Doing Business As: _____

Account Number At Graham: (if known) _____

Billing Address: _____

_____ County _____

Delivery Address: _____

_____ County _____

Phone #: _____ Fax #: _____

Web Site: _____ Email: _____

Federal ID #: _____ Tax Exempt #: _____

Authorized Buyers List: (If no list is given, Graham Office Supply Inc. will not be responsible for fraudulent charges to your Account: _____)

Purchase Orders Required? YES NO

If you prefer to pay credit card, please enter the number and sign the last page:

Card #: _____ exp: _____

Accounts Payable Contact: _____

AP Phone Number and Email: _____

Who Contacted You from GRAHAM? _____

Credit References: (Note: Most credit card companies will not disclose information and therefore not a Business Reference)

Bank: _____

Address: _____

Account: _____ Phone #: _____

Business Reference: _____

Account # _____ Contact: _____

Phone #: _____ Fax #: _____

Business Reference: _____

Account # _____ Contact: _____

Phone #: _____ Fax #: _____

Business Reference: _____

Account # _____ Contact: _____

Phone #: _____ Fax #: _____

Terms and Conditions: The undersigned applicant hereinafter agrees that any extension of credit by Graham Office Supply Inc. (Graham) to applicant shall be subject to and in consideration of the following terms and conditions:

1. The undersigned is an authorized agent of the applicant and is duly empowered to enter into and make a binding agreement on its behalf.
2. Applicant authorizes its creditors, banks, and the financial institutions to release credit, banking and financial data to Graham.
3. Credit terms are net 30 days. We request payment be made from the invoice. A 1.5% finance charge will accrue on all past due invoices.
4. Should it be necessary to assign the account balance to a licensed collection agency or to an attorney for legal action, applicant shall pay all subsequent collection charges and/or legal fees.
5. Applicant understands that Graham will make their usual credit investigation and applicant authorizes Graham to collect information as necessary.
6. Applicant agrees and understands that Graham will process any orders only when received from authorized buyers using the assigned Graham account number. Orders must have an authorized purchase order number and telephone number. Applicant will honor all invoices related to items delivered on non-credit card orders.
7. If a sole proprietor, applicant personally guarantees all purchases under this agreement.
8. Graham Office Supply Inc. reserves the right to place any account with an overdue balance on credit and shipment hold.

By signing this application, I agree to and /or approve all information to be correct as submitted above:

Name: _____ **Title:** _____

Signature: (required) _____

Company: _____

Signed this date: _____