



# Commercial Account Information

Payment Terms: Net 30 Days

Sales Representative \_\_\_\_\_

1200 S. 3<sup>RD</sup> Street • Las Vegas, Nevada 89104-1007 • Phone (702) 384-3814 • Fax (702) 384-8347

Date \_\_\_\_\_

Company name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Shipping Address If Different:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Type of Organization:  Proprietorship  Partnership  Corporation

Year Incorporated or Formed \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

Taxable \_\_\_\_\_ Non-taxable \_\_\_\_\_

(If non-taxable, please include a copy of your tax exemption information with this application.)

Approximate # of office personnel \_\_\_\_\_

How did you hear of Ideal Office Equipment?  
\_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

### Purchasing Procedures

Name of person primarily responsible for purchasing:  
\_\_\_\_\_

Names of others who may place orders:  
\_\_\_\_\_  
\_\_\_\_\_

Do you use purchase orders? \_\_\_\_\_

### Trade References

Firm \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

### Bank Reference

Account # \_\_\_\_\_

Name of Bank \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Officer \_\_\_\_\_

Phone ( ) \_\_\_\_\_

I hereby authorize the release of credit and bank information to Ideal Office Equipment for the purpose of establishing trade credit.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please Make Copies of this Form as Needed!**  
Do Not Remove Page From Catalog.