

Walker's Office Supplies, Inc.



CREDIT CONTRACT APPLICATION

BUSINESS CONTACT INFORMATION

Legal Name:			
Trade Name:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	ZIP Code:
Billing Address:			
Date Business Commenced:		Federal ID#:	
Sole proprietorship:	Partnership:	Corporation:	Other:
Resale #:			

(If providing a resale number this application must be accompanied by a copy of the current resale certificate)

BUYER & ACCOUNTS PAYABLE INFORMATION

Buyer:	Title:
Buyer e-mail:	Phone:
A/P Contact:	Title:
A/P e-mail:	Phone:

LEGAL ENTITY INFORMATION

OFFICERS OF CORPORATION

President:	Vice President:
Secretary:	Date Incorporated:

PARTNERS OR INDIVIDUAL INFORMATION

Name:	Social Security #:
Residential Address:	
Name:	Social Security #:
Residential Address:	

BANK REFERENCE

Bank Name:		
Phone:	Fax:	
Bank Address:		
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

