

Radstons OFFICE SUPPLY

1908-2010 102nd ANNIVERSARY

675 Alfred Nobel Dr Hercules, CA 94547
Phone: 510-964-9604 Fax: 510-964-9609

Business Account Application

Company Name: _____ Phone # () _____ - _____

Ship to Address: _____ Fax # () _____ - _____

_____ e-mail: _____

Bill to Address (if different): _____ Website: _____

_____ Bill to Phone # _____

Kind of business _____ Accounts Payable Contact: _____

of Employees: _____ Years at present location: _____ Years in business: _____

Internet Log-in name desired: _____ Internet Password desired: _____

Purchase Orders Required? Yes No (If authorization to purchase is limited, indicate "yes" to Purchase Orders Required)

I wish to pay my account by credit card. Yes No (If you checked the "yes" box, skip down to Authorized Signature.)

Monthly statement? Yes No Verbal orders? Yes No

References: (Please include company name, your account #, address, phone # and name of individual to contact)

1. Present Business Products Supplier: _____

2. _____

3. _____

The undersigned agrees to pay collection costs and reasonable attorney's fees incurred upon default of any of charges due and consents that such cost and fees shall be made part of any judgment rendered thereon.

The undersigned is informed and agrees to pay a \$25.00 fee for each returned check.

I certify that the information above is true, correct & complete:

Authorized Signature: _____ Date: _____

Bank: _____ Branch: _____ Phone # () _____ - _____

Address: _____ Account #: _____

_____ Bank Contact Name _____

I, _____, an authorized signer for the bank account above, do hereby authorize said bank to release the following information to Radstons Office Plus for the purpose of establishing an open account:

Date account opened: _____ Average balance maintained: _____

Authorized Signature: _____ Date: _____