



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: