



New Account Credit Application

Legal Company Name: _____

DBA (If Applicable): _____

Address: _____

Shipping Address: _____

Phone: _____

Fax: _____

Please Check One: Corporation Partnership Individual/Sole Proprietor

Bank Name:	_____
Phone #:	_____ Account # _____

\$ _____ Desired Credit Line _____ # of Years in Business _____

Taxable: Y N Contact 1: _____

P.O. Required Y N Title: _____

Invoice in Package Y N Contact 2: _____

Title: _____

Delivery Hours: _____

Special Instructions: _____

Terms: Net 20 days from completion of order. Credit card payments will be charged on the day of shipment. Checks with NSF will be charged back to you along with any applicable fees charged by our bank.

The undersigned promises to pay for purchases in accordance with Modern Office Product's terms of sale. If at any time, the undersigned is unable to pay for purchases when due, the undersigned authorizes Modern Office Products to bill interest at the legal rate of 1.5% per month against any past due amounts. I the undersigned, hereby acknowledge and agree that in the default of payment of any amount due, Modern Office Products, at it's option, may place my account or any portion thereof with an agency or attorney for collection or legal action. If such action is made, I hereby acknowledge and agree that I will pay an additional charge equal to the cost of collection including attorney fees and court costs incurred by Modern Office Products

Signature: _____ Date: _____

Printed Name: _____

Modern Office Products, Inc
Phone: 330-797-2600
Fax: 330-797-2612
email: save@modernofficeproducts.com

Cross Office Suppliers
Phone: 330-369-1815
Fax: 330-369-5154
email: save@crossofficesuppliers.com