



EVERGREEN

OFFICE SOLUTIONS

www.EvergreenOfficeSolutions.com

Ph: 605-343-8265 800-801-0063 Fax: 605-348-9688

Company Name: _____

D/B/A: _____

Street Address: _____

Billing Address: _____

Telephone # _____ Fax # _____

Email: _____

Company Owner: _____

Person Responsible for payment: _____ PO Required? _____

Email: _____

Type of Business: _____ # of Years in Business: _____

SD Resale or Tax Exempt # _____ Federal ID # _____

See Second Page for **Bank Reference**

Credit Terms: Payment is due in full upon receipt. Any exceptions to this MUST have prior approval by management. Past due accounts are subject to a finance charge of 1.5% per month on your outstanding balance with a minimum of \$2.50.

I do hereby authorize the release of credit information listed on this credit application.

DATE: _____ SIGNATURE: _____

TRADE REFERENCES

Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____

THE UNDERSIGNED AGREES TO THE FOLLOWING:

- TERMS:** DUE UPON RECIEPT
- RETURNED CHECKS:** A SERVICE CHARGE OF \$35.00 MAY BE APPLIED TO ANY RETURNED CHECK
- PRODUCT RETURNS:** RESTOCKING CHARGE MAY BE APPLIED ON ALL GOODS RETURNED FOR CREDIT

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE INVOICE TERMS. THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON PAGE ONE IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE.

I/WE HEREBY AUTHORZE THE FORM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT FINANCIAL RESPONSIBILITY.

BY: _____ **TITLE:** _____

COMPANY NAME: _____

DATE: _____