



Account #:	<input type="text"/>
Limit \$	<input type="text"/>
Disc %	<input type="text"/>
Contract:	<input type="text"/>
Date:	<input type="text"/>
Sales Rep:	<input type="text"/>

*To Be Completed By Office Plus*

# New Account Form

Revision Date: 03-04-2020

## COMPANY INFORMATION

Company Name:	Company Phone#:		
Billing Address:	Delivery Address:		
City, State:	City, State:		
Zip Code:	Zip Code:		
Website:	Fax#:		
Federal Tax ID#:	Established:		
# Of Employees	Do you require numerical purchase orders?	Yes	No

## CONTACT INFORMATION

Accounts Payable:

Primary Buyer:

Would you like access to purchase directly through the Office Plus Website?      Yes, please!      No, thanks

*\*If you would like to authorize additional buyers, please include their information on page 2\**

## PAYMENT DETAILS

Credit Card Type:	Credit Card #:
Billing Zip Code:	CVV:
Tax Exempt?	Name on Card:
Resale?	Expiration Date (mm/yy):
	Authorization Signature:

Please provide a valid copy of your resale or tax exempt certificate.

*Credit card will not be charged at this time.*

### Important : PLEASE READ TERMS BEFORE SIGNING

I agree to keep within your terms if granted an open account. Should this account EVER become delinquent and it be necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum for attorney fees; also the cost of such suit. Principal and interest payable in lawful money of the United States. TERMS: Amount DUE on or before the 10th- PAST DUE after the 15th. Accounts PAST DUE as of the 30th WILL BE placed on C.O.D. basis ONLY. All returns subject to 15% re-stocking fee. NO RETURNS after 30 days. All returned checks subject to a processing fee.

First and Last Name:	Title / Department
Date:	Authorization Signature:

## Need Assistance? Contact us!

### Southern Nevada:

Ph: 702-457-3636 | Fax: 702-457-4422

### Northern Nevada:

Ph: 775-883-7755 | Fax: 775-883-9158 Email:

[customerservice@officeplusnv.com](mailto:customerservice@officeplusnv.com)

Thank you for choosing Office Plus!



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Limit \$	<input type="text"/>	Disc %	<input type="text"/>
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Sales Rep:	<input type="text"/>		
<i>To Be Completed By Office Plus</i>			

# Additional Buyer Authorization Form (optional)

Revision Date: 03-02-2020

Please provide all additional buyer information. Each person will have a unique user name and password created as a sub-account to the main account provided on page 1.

**Additional Buyer:**

Would you like to authorize this user to purchase directly from the Office Plus Website?

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