

Yuletide Application for Credit

OFFICE SUPPLY

Legal Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Federal ID#: _____

Type of business: Corporation Partnership Proprietorship Other: _____

Description of business: _____ Years: _____

Taxable: _____ If not, you must attach a tax exemption certificate. PO required: _____ Est. Monthly Purchases: _____

Accounts Payable Contact & phone #: _____

PARTNERS OR CORPORATE OFFICERS

Name & Title: _____ SSN: _____

Name & Title: _____ SSN: _____

Name & Title: _____ SSN: _____

BANK & TRADE REFERENCES

Bank name and address: _____

Acct. #: _____ Contact Name & phone: _____

Trade References: (must provide three)

Name	Address	Contact	Phone #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

AUTHORIZATION

The undersigned applicant hereby acknowledges and agrees that they have read this credit application, that everything stated in this application is true, complete and accurate and any false information may result in cancellation of any account. The applicant further authorizes Yuletide Office Supply to investigate applicant's credit history.

Signature _____ Title _____

Print Name _____ Date _____