



Bishop's Office Needs
Your Office Supply Search Engine

Website Username _____
Website Password _____
Email Address _____

Questions? Call 281-578-9177 FAX 281-578-9539

CUSTOMER INFORMATION				
Legally Registered Name		Trade or DBA Name		
Physical Address, ---- and ---- Billing address		City, State, Zip Code	Business Phone#	Fax #
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		Nature of Business	Federal Tax ID	A/P Contact Name and Phone
		PO Required?	Person(s) Authorized to Buy? (Optional)	
Years in Business ____ yr(s) ____ mths	Time as Owner ____ yr(s) ____ mths	State of Incorporation	Gross Annual Sales (Optional)	DUNS #

BUSINESS CHECKING INFORMATION			
Name of Bank:	Phone #:	Account #:	Average Balance:
Contact:	Fax #:		

PRINCIPAL INFORMATION (If more than two, copy form and complete for each)			
Principal First Name	Last Name	Home Address	
Title	Phone	% Ownership	Social Security Number
Principal First Name	Last Name	Home Address	
Title	Phone	% Ownership	Social Security Number

CREDIT REFERENCE INFORMATION			
Vendor Name #1	Address	City, State, Zip Code	
Contact/Title	Phone Number	Fax Number	E-mail Address
Vendor Name #2	Address	City, State, Zip Code	
Contact/Title	Phone Number	Fax Number	E-mail Address
Vendor Name #3	Address	City, State, Zip Code	
Contact/Title	Phone Number	Fax Number	E-mail Address

Approved By:	Entered By:	Salesperson Name	Special Instructions
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 The undersigned acknowledge and understand that Bishop's Office Needs is relying on this information provided herein in deciding to grant or continue credit or to accept a guarantee thereof.
 Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete and agrees to notify Bishop's Office Needs immediately of any changes to this information.
 The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.
 The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010.
 By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Bishop's Office Needs, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original. *** ALL PRINCIPLES LISTED ABOVE MUST SIGN THIS APPLICATION.**

Signature X _____	date _____	Signature X _____	date _____
PLEASE FAX BACK TO 281-578-9539			