



Business Professional Account Application

Please type or print clearly and fill out application completely to expedite processing. Read and sign where indicated on the reverse side of this application.

Date
Company
Street
City State Zip
Telephone number
Fax number
E-mail
Billing address if different:
Street
City State Zip
Telephone number
Service Point Sales Rep.

Organizational Information

Partnership Sole Proprietorship LLC Corporation
If division or subdivision, name of parent corp.
Year of founding or incorporation
President, Owner or Administrator
Treasurer/Controller
Accounts Payable Manager

Approximate number in firm:
Staff 1-5 6-15 16-50 51-100 over 100
Principals 1-5 6-15 16-50 51-100 over 100

Purchasing Information

Name & title of person primarily responsible for purchasing:
Others who may place orders. Indicate names and titles:

Business Type

Check the category that best reflects the primary business of your company:
Advertising Engineering Owner/Developer
Architectural Federal Gov Real Estate
Banking & Finance Gov/State/Local Rec/Cultural/Sport
Construction Legal Firm Univer/College
Graphic Design Manufacturing (Other)

Please list the following individuals where applicable:
Marketing Manager
Design Manager
Office Manager
Facilities Manager

Please let us know if there are any other people who should receive Service Point service information and promotional flyers.

Contact name & title

Invoice Policy

Do you require purchase order numbers? Yes No
If you are exempt from sales tax, enclose a copy of your exemption certificate.
Estimated monthly credit requirement?

Terms

Net 30 Days

Trade References

Please do not use oil companies, credit cards, IBM, Xerox or public utilities as these firms will not confirm such information.

1) Firm
Street
City State Zip
Telephone number
2) Firm
Street
City State Zip
Telephone number
3) Firm
Street
City State Zip
Telephone number

Bank Reference

Name of Bank
Street
City State Zip
Telephone number
Bank Officer
Date
Authorized Signature

Authorization for Bank Credit Inquiry

I hereby authorize (name of bank) to reveal normal credit information to the Credit Manager of Service Point for the purpose of establishing trade credit.

Name of Account
Account Number
Authorized Signature

Return completed form via mail or fax both sides to (781) 935-7983.

Service Point, Attn: Credit Manager
P.O. Box 3208, Woburn, MA 01888-2108

Please review and sign reverse side.

Terms and Conditions

Definitions

The words "you" and "your" denote the Buyer or Buyers, if more than one. The words "we", "us" and "our" refer to the Seller.

Tax Exemption

If you are tax-exempt, we are required by the State to have a valid, properly completed tax-exempt form. No account will exempt from sales tax unless we have a copy of the proper tax-exempt form on file.

Payment

Payment terms are net 30 days from invoice date unless otherwise stated by the Credit Department. Past due accounts may lose open credit privileges at the discretion of our Credit Department. Payments are not considered made nor credited to your account until received by us at the location noted on our invoices. Any amount not paid when due may be assessed interest at the rate of 1.5% / month or the maximum legal rate if less.

Arrangement for payments via credit cards, debit cards or wire transfers can be made directly through our Customer Financial Services Department.

Attorney Fees

You shall be responsible for all costs, including reasonable attorney's fees, incurred by us in enforcing these terms and conditions.

Changes to Account

You agree to immediately notify us in case of change of ownership, address of said business and of the occurrence of any event which has or may have a material and adverse effect on the Applicant, its business or prospects.

Limit of Liability

Notwithstanding any other provision contained herein or imposed by the law, Service Point's warrantee hereunder shall be limited to the sales price of the merchandise and our services as recited in the invoice.

Credit Information

You authorize us to check your credit record and to obtain credit information from the persons and entities furnished by you as credit references on the Credit Application. You promise that any credit information furnished to us is true and complete. You understand that this information will be relied on by us in establishing and making sales to your account.

I certify all the information given on the application is correct and that I have read and agreed to abide by the terms and conditions stated above.

Authorized Signature _____

Print Name and Title _____

Date _____

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