

A 2 Z Educational Supplies

9603 Cypress Creek Parkway ■ Houston, TX 77070

281-890-6615 ■ db@a2zedsupplies.com

ACCOUNT APPLICATION

Name of Firm:				
Billing Address:				
			Zip:	
Ship to Address:				
City:	Stat	e:	Zip:	
Phone: ()				
FAX: ()				
Corporation Subsidia	ry Division I	Partnership	Sole Proprietor	
If Subsidiary or division, nar	ne of parent company:			
DUNS #		Tax I.D. #		
Please Nature of business:	ase attach copy of your ta	·		
Annual Sales: Year	Established: Numbe	r of Employees:_		
President (or Partner) Vice-President		Partner) S	ecTreasurer (or Partner)	
Three Trade References:				
1. Name:	Phone	o:	Acct #:	
Address:	City: _		State: Zip:	
2. Name:	Phone):	Acct #:	
Address:	City: _		State: Zip:	
3. Name:	Phone):	Acct #:	
Address:	City:	ç	State: Zip:	

Bank Reference:					
Name of Bank:	Branch:				
Address:	City:	State:	Zip:		
Loan Officer:	Phone:	Acct #	t:	-	
Authorized Buyer(s):					
Purchase Order Required? Yes No	Monthly Cre	dit Desired?		-	
Accounts Payable Person:		_ Phone:			
By executing this application, applicant(s) / history and financial responsibility and for applicant(s) performance of this agreeme entitled to receive said information in compact.	urther authorizes ent to a proper cr	seller to furnish edit reporting age	information regard ency and such oth	ding ners who are	
Applicants will be billed for each purchase the terms stated on the invoice will be con FINANCE CHARGE OF 1.5% per month are subject to a \$25.00 service charge. On the seller's rights to seek other remedies	nsidered past du (ANNUAL PERC Collection of finar	e. Past due amo ENTAGE RATE nce charges and	ounts will be subje OF 18.0%). All r	ect to a eturned checks	
In the event that applicant fails to pay the account to be in default and without furthe law for the collection of the balance due call expenses of collection, with or without to the extent allowed under applicable law	er notice or demand on the account. I suit, including bu	and, exercise all In the event of de	rights and remedi efault, applicant w	es available by ill be liable for	
The undersigned certifies that he has rea and agrees to be bound by the same in the					
The undersigned further certifies that the correct copy of the foregoing application of transaction has been furnished.			•		
Signature:		Title:			
Date:					
Invalid Without Signature					
For office use only:					
Approved: Denied:	Date:	Credit	Amount:		
Acco	unt Number:				

Please e-mail, mail or bring by completed applications to:

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