



DEFERRED BILLING APPLICATION

Phone: 214-635-3111
Toll-free 866-993-6501
Fax 469-916-4313

For Office Use Only
DATE:
ACCT#:
LIMIT:
D & B RATING:

6400 Maple Ave., Suite 850 Dallas, Texas 75235

Company Name:
Billing Address:
Street Address:
City:
St.
Zip:
Phone:
Fax:

Type of Business
Educational Preschool
Educational K-12
Educational College
Health / Medical
School District
Library
Governmental
Religious
Corporation
LLC
Partnership
Proprietorship

Tax Exempt (include a copy of your tax exempt or resale certificate)
DATE ESTABLISHED:

Purchasing Agent:
Accounts Payable Contact:
Phone:
Fax:
Email:

Parent Company Name (If a Division or Subdivision):
City:
State:
Country:

Table with 4 columns: Trade Reference, Address (Street, City, State, Zip), Phone, Fax. Rows 1, 2, 3.

Bank:
Account Number(s):
Address:
Bank Contact:
Phone:

TERMS AND CONDITIONS

Buyer agrees that (1) All invoices shall carry terms of NET THIRTY (30) days unless otherwise indicated; (2) In the event that legal action is required to collect money due for materials sold and delivered, the buyer agrees that the prevailing party shall be entitled to recover all costs, including reasonable attorney fees; (3) Buyer agrees to pay all collection fees and expenses incurred; (4) Buyer agrees to immediately notify seller of any change in ownership or form of said business; (5) Buyer agrees that delinquent invoices are subject to finance charges of 1-1/2% per month (18% APR).

I am authorized by our organization to sign this application.

SIGNED and DELIVERED this ___ day of ___ 20___

X
Print Name
Title