



# STERLING BUSINESS FORMS, INC.

# ACCOUNT APPLICATION

**THE FOLLOWING INFORMATION IS SUBMITTED FOR YOUR CONSIDERATION AS A BASIS FOR OPENING AN ACCOUNT:**

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

**OUR LEGAL ENTITY IS:**  CORPORATION  CO-PARTNERSHIP  PROPRIETORSHIP

*(If a corporation, list names of officers and titles. If other entity, list names of partners or owners. If a Co-Partnership or Proprietorship list the respective social security numbers.)*

Name/Title \_\_\_\_\_ Name/Title \_\_\_\_\_ Name/Title \_\_\_\_\_

Employer ID # and/or Social Security Number \_\_\_\_\_ Employer ID # and/or Social Security Number \_\_\_\_\_ Employer ID # and/or Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

CREDIT LIMIT REQUESTED \$ \_\_\_\_\_ ANNUAL SALES VOLUME \$ \_\_\_\_\_ PERCENT OF SALES MANUFACTURED IN-HOUSE \_\_\_\_\_ % PERCENT OF SALES FROM OUTSIDE PURCHASES \_\_\_\_\_ %

**PRIMARY BUSINESS - PLEASE CHECK ONE:**

DISTRIBUTOR  MANUFACTURER  PRINTER  OFFICE SUPPLIES  OTHER: \_\_\_\_\_

**BANK INFORMATION (REQUIRED):** *The signature below gives authorization to release to Sterling Business Forms, Inc. information for establishing a line of credit.*

COMPANY NAME: \_\_\_\_\_

BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ACCOUNT NUMBER(S): \_\_\_\_\_

**AUTHORIZED SIGNATURE/OWNER:** \_\_\_\_\_

**TRADE REFERENCES:** *Please name three suppliers and/or manufacturers who extend you credit.*

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

City, State Zip \_\_\_\_\_ City, State Zip \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_ Email \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

**WE ARE A NEW BUSINESS. MY LAST TWO EMPLOYERS WERE:**

Name \_\_\_\_\_ City, State \_\_\_\_\_ How Long? \_\_\_\_\_

Name \_\_\_\_\_ City, State \_\_\_\_\_ How Long? \_\_\_\_\_

Our needs for credit information from you vary depending upon the type of credit account you desire. The basic information needed for opening an account includes current resale certificate, trade references, and bank reference. These will be used to establish your initial line of credit. After we have developed a history with you, we may increase or decrease the credit line in accordance with your credit requirements and payment record. Current financial statements and/or personal guarantee may be requested as part of this process.

If a Co-Partnership or Proprietorship, the undersigned hereby gives permission to research personal credit for the purpose of opening an account.

The undersigned purchaser agrees to pay, in the event his account becomes delinquent and is turned over to an attorney for collection, reasonable attorney's fees plus all court and attendant collection costs.

I (We) agree that all invoices past due are automatically assessed service charges of 1½% and become a part of the total balance owing. Sterling reserves the right to hold orders if your account goes beyond our credit terms.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**PLEASE RETURN TO:**

**STERLING BUSINESS FORMS, INC.**  
ACCOUNTING DEPT.  
P.O. BOX 2486  
WHITE CITY, OR 97503

**PHONE 1-800-759-FORM (3676) ext. 7910**  
**ACCT FAX 541-727-7915**  
**EMAIL ar@sbfnet.com**