



59 High Street • Hoosick Falls, NY 12090
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 www.excelop.com

EXCEL OFFICE PRODUCTS ACCOUNT SETUP FORM

For Excel Office Products use only:

Sales Code: _____ Cust ID Assigned: _____

Contract: _____ RC Data Entry: _____

Company Name				Business Type	<input type="checkbox"/> Sole Proprietor
Bill To Address					<input type="checkbox"/> Partnership
(bill address2)					<input type="checkbox"/> Limited Liability
City	ST		Zip		<input type="checkbox"/> Corporation
Ship-to Address				# of years in business	
(ship address 2)				D&B Number	
City	ST		Zip	# of Total Employees	
Phone		Fax		# of Office Employees	
				If Tax Exempt, List Tax ID	
For additional ship-to locations, please attach a second page				Est. Monthly Supplies \$\$	

Contact Info	Name	Phone	Fax	Email
Purchasing				
Accts Payable				
Owner/Mgr				

Does your company require purchase orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How would you like to receive invoices?
Does your company use budgets or cost centers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	With delivery: <input type="checkbox"/> Emailed: <input type="checkbox"/> Regular Mail: <input type="checkbox"/>
Would you like to be setup on account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what credit limit would you be requesting?		
If paying by credit card, indicate the type of card		Please list all employees approved to order:

General Information regarding this application:

By signing below you are indicating that the information on this form is herewith submitted for the purpose of opening an account with Excel Office Products and that you hereby certify that the information is true and correct to the best of your knowledge. You indicate that you are an authorized representative or corporate officer of the above named business. You also indicate that you understand and intend to comply with the payment terms extended to your business.

If setup on account – Invoices will be delivered to your location as specified above. A monthly statement will be delivered as well as indicated by invoice preference. Terms are Net 30 from invoice date. Other billing options are available upon request by calling Excel Office Products at 518-686-1800. Any account that is delinquent in payment can be put on credit hold at the discretion of Excel Office Products. Any balance exceeding 90 days past due can be turned over to collections at the discretion of Excel Office Products. Any fees associated with the collections efforts will be added to the account balance of the over due account.

Excel Office Products will at times send out general information, company news, product specials/promotions as well as various marketing materials. If you do not wish to receive any of these please indicate: _____ general info, _____ company news, product specials/promotions, _____ marketing material. You can at anytime be removed from our lists for this type of contact. Please either call us at 518-686-1800 or email sales@excelop.com.

Please note any special requirements or comments here:

Signature:		Title:	
Printed Name:		Date:	