

Ace Office Supplies

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CREDIT APPLICATION FOR NET TERMS ACCOUNT

COMPANY NAME: _____ PHONE: _____

STREET ADDRESS: _____ FAX: _____

CITY, STATE: _____ ZIP CODE: _____ EMAIL: _____

CREDIT LINE SOUGHT: _____

COMPANY IS FOLLOWING: CORPORATION PARTNERSHIP

PROPRIETORSHIP L.L.C. P.L.C. ANNUAL SALES: _____

LIST OF OWNERS

NAME: _____ ADDRESS: _____

% OWNERSHIP _____ PHONE: _____

NAME: _____ ADDRESS: _____

% OWNERSHIP _____ PHONE: _____

NAME: _____ ADDRESS: _____

% OWNERSHIP _____ PHONE: _____

TRADE REFERENCES

VENDOR 1: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

FAX: _____ ACCOUNT #: _____

VENDOR 2: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

FAX: _____ ACCOUNT #: _____

VENDOR 3: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

FAX: _____ ACCOUNT #: _____