

ART SUPPLY NETWORK

1950 GRANT STREET / HOUSTON, TX 77006
PHONE (713) 535-1300 / FAX (713) 535-1333
TOLL FREE (855) BULK-ART or (855) 285-5278

APPLICATION for an OPEN CREDIT ACCOUNT

(Please type or print all information)

Company Name _____

Billing Address _____

Street Address _____

City _____ State _____ Zip _____

Business Phone # _____ Email Address _____

Web Site _____

Nature of Business _____ Years in Business _____

Texas Sales Tax Exemption / Resale Certificate # _____

Please indicate the amount of your expected monthly purchase(s) _____

Please check one

Individual

Partnership

Corporation

OFFICERS, OWNERS, PARTNERS:

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Social Security # _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Social Security # _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Social Security # _____

BANK REFERENCES:

Bank _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Account # _____

Bank _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Account # _____

TRADE REFERENCES: Please list open accounts where you have done business for at least one year.

Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

CORPORATE BACKGROUND:

Have you ever declared bankruptcy? Yes _____ No _____

Year _____ County _____ State _____

Have you ever had any judgments/liens/repossessions? Yes _____ No _____

Year _____ County _____ State _____

Please indicate if a purchase order will be required: Yes _____ No _____

Individuals authorized to charge:

Name _____ Tele # _____ Email _____

Name _____ Tele # _____ Email _____

Name _____ Tele # _____ Email _____

THIS IS TO INFORM YOU THAT AS A PART OF OUR PROCEDURE FOR PROCESSING YOUR CREDIT APPLICATION, AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED FROM INDIVIDUALS/COMPANIES WITH WHOM YOU HAVE DONE BUSINESS. THE UNDERSIGNED HEREBY AUTHORIZES ART SUPPLY NETWORK, THEIR AGENTS AND REPRESENTATIVES TO MAKE ANY NECESSARY CREDIT INVESTIGATION REQUIRED, INCLUDING USING YOUR PERSONAL CREDIT REPORT FOR THIS APPLICATION AND CERTIFY THAT THE ABOVE STATEMENTS ARE COMPLETE, TRUE AND CORRECT. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE OF THE SAME FORCE AND EFFECT AS THE ORIGINAL.

TERMS: PAYMENT FOR ALL PURCHASES IS DUE 30 DAYS FROM DATE OF INVOICE. Invoices paid after thirty (30) days will be subject to a late fee of 1.5% (18% annual rate). If your check is returned for insufficient funds, you will be charged an additional \$25.

This application has been filled out as completely as possible and all questions have been answered to the best of my knowledge.

Authorized Signature _____ Title _____

Name _____ Date _____

(Please print or type name)