



XPRESS BUSINESS PRODUCTS

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# ACCOUNT INFORMATION

**Program: X1, X2, Matrix**

**DATE** \_\_\_\_\_

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

Sole Owner \_\_\_ Partnership \_\_\_ Corporation \_\_\_      Dunn & Bradstreet # \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Are you Tax Exempt? YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, please attach certificate)

Account Payable Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Payment Terms: Credit Card \_\_\_\_\_ Type \_\_\_\_\_

Exp. \_\_\_\_\_ **(Credit card customers will receive 2% discount on orders excluding tax)**

C.O.D. \_\_\_\_\_ Net Term 30 Days \_\_\_\_\_

We Expect our monthly purchases to be: \$ \_\_\_\_\_

**BUSINESS REFERENCES:** (Trade, Bank, Personal charge accounts & Credit Cards are NOT Acceptable)

Business Name \_\_\_\_\_ Complete Address \_\_\_\_\_  
Telephone # \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_

**Terms of Service:** I/we understand that the information furnished to you on this page is for the purpose of obtaining credit from your firm. That I am/we are authorized in my/our capacity to bind my/our firm accordingly. All accounts or monies are due 30 days payable at your place of business. That all past due accounts, notes or judgments shall bear interest paid at the rate of 1.5% per month of unpaid balances. All accounts are net 30 days. Service charge of 1.5% per month (18% per annum) is added to all past due.

Authorized Signature (By Applicant)  
X \_\_\_\_\_

Print Name and Title  
X \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

E-Mail: \_\_\_\_\_