



Xpress

BUSINESS PRODUCTS

SAME DAY OFFICE SUPPLIER

HQ

7170 WEST 43rd ST., SUITE 250 HOUSTON, TX 77092

TOLL FREE: (877) 857-2919 FAX: (281) 453-0915

EMAIL: customer.service@xpressbp.com

www.xpressbp.com

ACCOUNT INFORMATION

Date: _____

BUSINESS NAME: _____

Sole Owner Partnership Corporation

Type of Business: _____ Years in Business: _____

Dunn & Bradstreet #: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Years at Current Location: _____ Tax Exempt? Yes: No: (If yes, attach certificate)

Account Payable Contact: _____

A/P Phone: _____ A/P Fax: _____

E-Mail: _____

-Payment Types-

Credit Card: Type: American Express: Discover: MasterCard: Visa:

Credit Card #: _____

Expiration Date: ____/____/____

Security Code: _____

Bill To Zip: _____

Collect On Delivery

[For all customers seeking net 30 accounts, please fill out our credit application]

Expected Monthly Purchase: \$ _____

Authorized Purchaser: _____

Authorized Purchaser E-Mail: _____

Terms of service: I/We understand that the information furnished to you on this page is for the purpose of making purchases from your firm. That I am/we are authorized in my/our firm accordingly. All account or monies are due upon receipt for collect on delivery accounts or no later than 2 days following receipt for credit card accounts. That all past due accounts, notes or judgements shall bear interest paid at the rate of 1.5% per month of unpaid balances. Service charge of 1.5% per month (18% annually) is added to all past due.

X _____
Authorized Signature (By Applicant)

X _____
Print Name & Title

FOR OFFICE USE ONLY

USER NAME: _____

USER PASSWORD: _____