

# TRI-STATE BUSINESS SYSTEMS

2829 Banks Ave.

Superior, WI 54880

|            |  |                |  |
|------------|--|----------------|--|
| Phone:     | 715-392-6221   | Fax:           | 715-392-8996   |
| Duluth:    | 218-727-0320   | Toll Free Fax: | 1-800-397-8996   |
| Toll Free: | 1-800-999-6221   |                |  |
| e-mail:    | <a href="mailto:tsbs@tri-statebusiness.com">tsbs@tri-statebusiness.com</a> | web page       | <a href="http://www.tri-statebusiness.com">www.tri-statebusiness.com</a> |

## CUSTOMER INFORMATION DATA

DATE: \_\_\_\_\_

|                     |                  |                  |                |
|---------------------|------------------|------------------|----------------|
| LEGAL BUSINESS NAME | TYPE OF BUSINESS | TIME IN BUSINESS | # OF EMPLOYEES |
|---------------------|------------------|------------------|----------------|

|                 |      |       |     |       |
|-----------------|------|-------|-----|-------|
| BILLING ADDRESS | CITY | STATE | ZIP | PHONE |
|-----------------|------|-------|-----|-------|

|                  |      |       |     |     |
|------------------|------|-------|-----|-----|
| SHIPPING ADDRESS | CITY | STATE | ZIP | FAX |
|------------------|------|-------|-----|-----|

Check One: Individual  Partnership  Corporation

CONTACTS: email: \_\_\_\_\_

Owner: \_\_\_\_\_ Buyer: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ P/O Required: Yes  NO

Approximate Monthly Volume of Office Supply Business \$ \_\_\_\_\_

Current Office Products Supplier (s): \_\_\_\_\_

Are Products Tax Exempt? Yes  No  Attach a copy of your State Exemption Certificate

|                   |                |              |
|-------------------|----------------|--------------|
| Trade References: |                |              |
| Name              | Account Number | Phone Number |

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

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

3. \_\_\_\_\_

|      |                |              |
|------|----------------|--------------|
| BANK | ACCOUNT NUMBER | PHONE NUMBER |
|------|----------------|--------------|

## TERMS OF SALE AND AGREEMENT:

APPLICANT(S) AGREES TO PAY ALL MONEY DUE WITHIN 10 DAYS FROM DATE OF SALE. A FINANCE CHARGE OF 1 1/2% PER MONTH, AT AN ANNUAL RATE OF 18% WILL BE CHARGED ON ALL DELINQUENT ACCOUNTS. SHOULD APPLICANT DEFAULT ON TERMS AND LEGAL ACTION BECOMES NECESSARY, THE APPLICANT AGREES TO PAY ALL COLLECTION EXPENSES, INCLUDING ADMINISTRATIVE COSTS, COURT COSTS, AND ATTORNEY'S FEES. APPLICANT WILL INFORM TRI-STATE BUSINESS SYSTEMS (IN WRITING) OF ANY CHANGE IN COMPANY NAME, ADDRESS, OR PHONE NUMBER AS SOON AS SUCH CHANGES OCCUR. THE INFORMATION GIVEN IS WARRANTED TO BE TRUE AND APPLICANT AUTHORIZES THE RELEASE OF ALL PERTINENT INFORMATION NECESSARY TO PROCESSING THE APPLICANT'S REQUEST FOR CREDIT.

|           |       |      |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
|-----------|-------|------|

|                                   |   |
|-----------------------------------|---|
| OFFICE USE ONLY                   | DATE: _____                                     |
| SALESPERSON: _____                | CUSTOMER PHONE: _____                           |
| CONTACT _____                     | CUSTOMER NUMBER _____                           |
| ROUTE#: _____ SALESPERSON # _____ | STATUS: _____ DISTRICT#: _____ CONTRACTS: _____ |