

# NAVAJO OFFICE PRODUCTS

## BUSINESS AND CREDIT INFORMATION

Business Name: \_\_\_\_\_  
 Billing Address: P.O. Box: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Shipping Address: Suite: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Resale Tax No.: \_\_\_\_\_  
 Length of Time In Business: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
 Type of Business Ownership: \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_  
 Name(s) of Principal(s) \_\_\_\_\_  
 \_\_\_\_\_

Please specify special requirements: \_\_\_\_\_

Are Purchase Orders required: Yes No

Please specify how you wish to do business: Open Account C.O.D. Only Account

If you wish to do business by C.O.D. only, the Reference portion need not be completed.

### REFERENCES

Suppliers (open accounts only.) Please include account number and complete address:

1. Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

**I understand by signing this application that the company I represent agrees to pay all purchases per terms on invoice.**

Date: \_\_\_\_\_ (Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

### MERCHANDISE RETURN POLICY

All merchandise is sold without return privileges. We will not accept for credit, the return of any merchandise unless authorized by us. Any merchandise ordered from us that is listed in our General Line Office Products Catalog, that is in its original packaging and unused will normally be authorized for return at full invoice price. Credit will be issued if it is returned within 15 days from our invoice date. Merchandise that is authorized for return after 15 days for reasons other than our error will be subject to inspection and credited up to 85% of the invoice price. Merchandise will not be authorized for return after 30 days from date of invoice unless it is defective and under factory warranty. Any products ordered from us that are not in our catalog (special order or custom manufactured) will be subject to the return policies of the factory or distributor from whom it was ordered. If you need to return merchandise to us for credit, please contact our customer service department to request a Return Authorization number. This insures that we issue proper credit on your return.

### FOR OFFICE USE – PLEASE DO NOT WRITE IN THIS SPACE

CUSTOMER SINCE: _____	ACCOUNT NUMBR: _____
CURRENT BALANCE: _____	STATUS O/E _____ SALESMAN _____ TAXABLE _____
HIGH CREDIT: _____	TM1: _____ TM2: _____ TYPE: _____ DISC: _____
PAYMENT TREND: _____	CONTRACTS: _____
TERMS: _____	PO REQUIRED: _____
LAST SALE: _____	NATIONAL DROP SHIP ACCOUNT: _____
APPROVAL: By: _____ Date: _____ Limit: _____	ROUTE: _____ SORT ORDER: _____