



131 East Main Street
Orange, VA 22960
ph 540-672-0607
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www.fayesofficesupply.com

NAME OF FIRM OR INDIVIDUAL _____

MAILING ADDRESS: _____ **YEARS IN BUSINESS** _____

CITY **STATE** **ZIP CODE** **AREA CODE** **PHONE**

EMAIL ADDRESS: _____

AREA CODE **FAX**

BILLING ADDRESS: _____

CITY **STATE** **ZIP CODE**

SHIP TO ADDRESS: _____

CITY **STATE** **ZIP CODE**

DEPARTMENTS: _____, _____, _____

List Authorized Personal to Purchase: _____

TYPE OF BUSINESS: Sole Proprietorship ___ Partnership ___ Corporation ___ Individual ___ Non Profit ___

BANK **ADDRESS** **AREA CODE** **PHONE**

TYPE OF ACCOUNT **BANK OFFICER**

REFERENCES:

BUSINESS NAME **COMPLETE ADDRESS** **PHONE NUMBER**

BUSINESS NAME **COMPLETE ADDRESS** **PHONE NUMBER**

BUSINESS NAME **COMPLETE ADDRESS** **PHONE NUMBER**

Please check here if cash sales are okay until credit is approved.

Our credit term is net 30 days

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

SALES REP NAME _____ **PRINT NAME** _____
DATE _____ **SIGNATURE** _____
TITLE _____