

Salesman #: _____

Date: _____

Account Application

INSTRUCTIONS:

THIS APPLICATION MUST BE COMPLETED IN FULL AND APPROVED PRIOR TO THE EXTENSION OF ANY CREDIT.

Business Information:

Date: _____

Check One: ☐ Individual/Proprietorship ☐ Partnership ☐ Corporation

* Business / Corporation Name

Doing Business As _____

Years In Business _____ Date Incorporated _____

Type Of Business _____ State Resale # _____

Contact Name _____ Business Phone # _____

Federal Tax ID# _____ Fax # _____

Name Of Parent Or Affiliate Company _____

E-Mail: _____

Account Payable Name _____ Acct Payable Phone _____ Acct Payable Email _____

* Shipping Address

Street Address _____

City & State _____ Zip Code _____

* Billing Address (If different than Shipping Address)

Street Address _____

City & State _____ Zip Code _____

Name Of Bank _____ Branch _____

Telephone Number _____ Bank Address _____

City & State _____ Zip Code _____

Bank Contact Name _____ Bank Account Number _____

Name Of Bank Account _____

Accounts Receivable:

Are your accounts receivable currently pledged? ☐ Yes ☐ No

If yes, please give the name, address, and telephone number for the secured party:

Trade References: (Do not include utilities or credit card accounts)

Name _____	Contact Name _____
Telephone _____	Address _____
City & State _____	Zip Code _____

Name _____	Contact Name _____
Telephone _____	Address _____
City & State _____	Zip Code _____

Name _____	Contact Name _____
Telephone _____	Address _____
City & State _____	Zip Code _____

Name _____	Contact Name _____
Telephone _____	Address _____
City & State _____	Zip Code _____

*** Personal Information:**

Principle Name _____	Title _____
Social Sec. # _____	Home Address _____
City & State _____	Zip Code _____

Home Telephone Number _____	Have You Ever Filed Bankruptcy? Yes/No (Circle One)
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<input type="checkbox"/> Visa	1 _____
<input type="checkbox"/> MasterCard	2 _____

*** Ownership:**

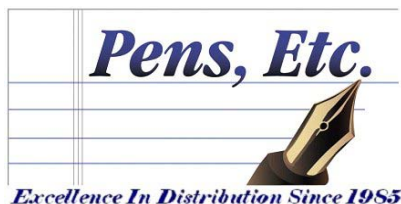
Name (s)	Title(s) & Address of Owner(s) &/or Officer(s):	Percentage Of Ownership	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The person or persons signing this agreement must correctly indicate in writing after his or her signature, the legal capacity of the person or persons signing. Any person signing this agreement agrees that he or she will be personally, individually, and if married, his or her marital community will be liable as a party to all terms and conditions of this agreement and will pay for the reasonable collection and / or attorney fees in addition to other sums due. The undersigned certifies that the above information is correct. Applicant authorized PENS ETC. to obtain credit and financial information concerning the applicant and all principles at any time and from any source. Applicant fully understands credit terms and agrees to prompt payment in consideration of extended credit.

*** Company Name** _____

Signature _____	Date _____
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Print Name And Title _____
Must be signed by owner, partner or corporate officer



6895 W. Frye Rd.
Chandler, AZ 85226
Ph: 480-831-9600
Toll Free: 800-423-4165
Fax: 480-831-9601
Toll Free: 800-423-4166

AUTOMATIC CREDIT CARD PAYMENT SIGN-UP FORM

Pens, Etc., Inc. accepts VISA, MASTERCARD and/or AMEX as methods of payment.
Simply complete this form, sign, and fax it to 480-831-9601, toll free 800-423-4166
Please complete all information below to ensure your account is credited properly.

**Beginning January 1, 2020 Pens Etc. imposes a 2% surcharge
on the transaction amount on credit card transactions.**

VISA _____ MASTERCARD _____ AMEX _____

DATE _____

CREDIT CARD # _____

EXPIRATION DATE _____ CV2# _____ (3-4 digit code on back of card)

CUSTOMER ACCOUNT NAME _____ CUST# _____

PRINT CARDHOLDER NAME _____

CREDIT CARD
BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER OF CARDHOLDER _____

*I hereby authorize Pens, Etc., Inc. to charge the credit card referenced above for
services performed. The authorization and direction will be in effect until
Pens, Etc., Inc. is notified in writing of a change or termination of the card.*

CARDHOLDER SIGNATURE _____