



# Application for Credit

Charles B. Merrill Office Products  
190 South Robinson Avenue  
Newburgh, New York 12550  
Phone: 845-561-5439 Fax: 845-561-5297  
Visit our website at: www.cbmerill.com

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Person(s) who will be placing orders: \_\_\_\_\_

Are you Tax Exempt:  YES  NO If yes, a photocopy of actual certificate must be attached.

Federal ID #/Corporation #: \_\_\_\_\_

### **Payment Options: Please Check One**

Cash on Delivery (C.O.D.) - Driver will pick up cash or check at time of delivery.

Pay from invoice—1% 10 days - Net 30 days from date of invoice. Statements listing open invoices are sent out monthly.

Credit Card—Credit Card information to be given at time of order, or keep on file.

### **the Monthly Statement billing option:**

Credit References (please include name and address)

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

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

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

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

By signing below you authorize the release of credit information to Charles B. Merrill Office Products Account #

\_\_\_\_\_ Phone # \_\_\_\_\_

**Print Name:** \_\_\_\_\_

<small>Office use only</small> Account # _____ Sales Rep # _____ Date Entered _____
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**Please**