

# COLEMAN'S

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(501)273.2703 • Fax (501)279.2054

## COLEMAN'S OFFICE & SCHOOL PRODUCTS CREDIT APPLICATION

NEW     UPDATE    Terms Applying For:     STATEMENT     INVOICE     CREDIT CARD     COD

### Billing Address

### Shipping Address

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

A / P Contact \_\_\_\_\_

Purchasing Contact \_\_\_\_\_

A / P Contact Phone # \_\_\_\_\_

Fax \_\_\_\_\_

Statements Email \_\_\_\_\_

Do you require purchase orders? Y / N \_\_\_\_\_

## OWNERS / PRINCIPALS

Partnership     Individual     Corporation

Name of Principals

Complete Address

Phone #

1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

## BANK INFORMATION

Bank \_\_\_\_\_ Bank Officer \_\_\_\_\_

Checking     Savings     Loan    Bank Phone# \_\_\_\_\_

## CREDIT REFERENCES (Local Vendors / Suppliers Preferred)

Company

Phone #

1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Tax Exempt customers must attach a signed exemption or resale certificate. Our terms are Net 30 from Invoice date. Invoice will accompany the order upon delivery.

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We authorize Coleman's Office & School Products to check credit history for the purpose of extending credit on account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Fax application to: (501)329.7313