

Copelin's Office Center, LLC
425 W. Main
Norman, OK 73069
(405) 364-7011 Fax 405-364-5736
www.copelins.com



Date Rec'd _____
Date Approved _____
Initials _____
Account # _____

APPLICATION FOR CREDIT

Name _____

Billing Address _____

City _____ State _____ Zip _____

Delivery Address (if different) _____

Phone _____ Fax # _____ Contact Person _____ email _____

Date business started _____ Nature of business _____

(Circle one) Corporation Partnership Proprietorship

SSN# _____ Federal ID# _____

Will any purchase be exempt from sales tax? _____ If yes, tax certificate from the State of Oklahoma must be attached.

Do you require a purchase order before order is to be placed? _____

Will we be delivering your order to your place of business? _____

Owner's or officer's name	Title	Home address	Home phone
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Bank Reference _____ Phone _____

Bank Officer _____

Please list three local references with whom you have established credit.

Name	Account #	Phone #	Fax #
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1. _____

2. _____

3. _____

Employees authorized to use this account: _____

For the purpose of obtaining merchandise from Copelin's Office Center, LLC on credit, the undersigned make the following statement. We understand that invoices are due upon receipt, and are considered past due after thirty days. We understand that if payment is not made when due that the invoice total will increase by 1.75% per month (21%APR) of the amount due from the date of the invoice until paid (minimum charge of .50). We understand that if invoices are not paid within terms, our credit privileges will be revoked. In the event that it is necessary for Copelin's to use legal action or the services of a collection agency to collect our account, we agree to pay all reasonable expenses incurred including attorney fees and court costs. Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit history and to answer questions about your credit experience with me. In consideration of your extending credit heretofore and heretofore to _____ we the undersigned, jointly and severally, absolutely and unconditionally, personally guarantee payment of any sums due, now owing or heretofore owing. This is a continuing guarantee which cannot be revoked and which remains in full force and effect until such time as any outstanding obligation has been paid and discharged.

Business Name _____

Personal Guarantor: _____ Date _____