

TO APPLY, FILL OUT APPLICATION AND BANK INFORMATION
RELEASE FORM
AND FAX OR MAIL BOTH PAGES TO YOUR NEAREST xpedx STORE
LOCATION.



COMMERCIAL CHARGE ACCOUNT APPLICATION

FAX: 901-214-1440

OUR TERMS ARE STRICTLY NET. PAYMENT IS DUE UPON RECEIPT OF MONTHLY
STATEMENT. FAILURE TO FULLY COMPLETE ALL ITEMS, PARTICULARLY
FULL NAMES AND ADDRESSES, MAY RESULT IN DELAY AND INCONVENIENCE
TO YOU. ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.



DATE _____ STORE # _____

COMPANY NAME _____ PHONE # () _____

STREET ADDRESS _____ FAX # () _____

CITY _____ STATE _____ ZIP CODE _____

- PRINTER CHURCH SCHOOL GOVERNMENT OFFICE
- RESIDENCE BUSINESS JANITORIAL NON-PROFIT ORGANIZATION

LINE OF CREDIT DESIRED \$ _____

WHERE SHOULD ACCOUNTS PAYABLE STATEMENTS BE MAILED?	Accounts Payable Contact _____ Address _____	IF A BRANCH OFFICE OR A DIVISION, GIVE NAME OF PARENT COMPANY AND HOME OFFICE	Name _____ Address _____
---	---	---	-----------------------------

NUMBER OF YEARS ESTABLISHED _____ CORPORATION CO-PARTNERSHIP LIMITED PARTNERSHIP INDIVIDUAL PROPRIETOR

SOLE OWNER OR PRINCIPALS Name _____ Title _____

IF PARTNERSHIP, INCLUDE ALL PARTNERS. USE SEPARATE SHEET IF NECESSARY. Home Address _____
City _____ State _____ Zip _____ Phone # () _____

IF CORPORATION, PROVIDE INFORMATION ON PRESIDENT & SECRETARY Name _____ Title _____
Home Address _____
City _____ State _____ Zip _____ Phone # () _____

LIST PERSONS AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES

1. _____ 2. _____
3. _____ 4. _____

WILL A PURCHASE ORDER BE REQUIRED PRIOR TO PURCHASE? YES NO

BANK INFORMATION Complete the Bank Information.

TRADE CREDIT REFERENCES ONLY

NO CREDIT CARDS, UTILITIES, PERSONAL ACCOUNTS OR LANDLORDS. REFERENCES MUST SHOW TWO OR MORE YEARS EXPERIENCE.
IF LESS THAN TWO YEARS EXPERIENCE IS AVAILABLE, A LETTER OF PERSONAL GUARANTY WILL BE NECESSARY.

1. _____	Business Name _____	() _____	() _____
Account # _____		Phone _____	Fax _____
Address _____	City _____	State _____	Zip _____

2. _____	Business Name _____	() _____	() _____
Account # _____		Phone _____	Fax _____
Address _____	City _____	State _____	Zip _____

By _____ Title _____

Date _____

X _____
SIGNATURE OF OWNER OR RESPONSIBLE AGENT

SHOULD THE xpedx STORES DIVISION DEEM NECESSARY TO TURN OVER FOR COLLECTION OR LEGAL ACTION ANY SUM DUE, PURCHASER AGREES TO PAY, IN ADDITION TO LATE CHARGES IN THE AMOUNT OF 2% PER MONTH, THE COSTS OF COLLECTION AND/OR LEGAL ACTION, NOT TO EXCEED 50% OF THE SUM DUE.

IF YOU ARE PURCHASING AND ARE TAX EXEMPT, PLEASE ASK FOR A xpedx STORES DIVISION CERTIFICATE OF TAX EXEMPTION FORM.