



Application for Open Account

Business Name: _____ Phone: _____
Address: _____ Fax: _____
City & State: _____ Room/Suite: _____
Zip Code: _____
Nature of business: _____
Number of years in business: _____
 Corporation Partnership Individual
Tax ID# (if tax exempt): _____

REFERENCES

Names, addressees and telephone numbers of three (3) principal suppliers:

(1) _____

(2) _____

(3) _____

ONLINE ACCOUNT INFO

Primary Account User's Name: _____
Primary Account User's eMail Address (for order confirmations): _____
Requested User ID: _____ Password: _____
Compare OfficeStar's prices against (choose any 2 competitors): Staples Office Depot Quill Office Max

STATEMENT OF POLICY

Orders from new accounts cannot be processed until this application has been fully completed and credit is approved.

PAYMENT AND CREDIT TERMS

Payment is due in full within thirty (30) days from date of invoice.

Fax completed form to 734.595.0165

OfficeStar | 6035 Executive Dr. | Westland, MI 48185
866.845.7827 | 734.595.0040 | OfficeStar247.com