



OFFICE AUTOMATION, INC.

776 BENNETT DRIVE, SUITE 105 • LONGWOOD, FL 32750
800-393-1106 OR 407-702-1000

Application to establish a credit account with Office Automation, Inc.

FAX TO: 407-831-6674

PLEASE ALLOW MINIMUM 7 DAYS FOR APPROVAL

ORGANIZATION NAME _____
D&B # _____

Billing Contact: _____ PH # _____ E-Mail _____

Billing Address: _____

Physical Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ E-Mail _____

Circle One: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP
YEARS IN BUSINESS _____

OWNERS/OFFICERS (1) _____ TITLE _____

(1) HOME ADDRESS _____

OWNERS/OFFICERS (2) _____ TITLE _____

(2) HOME ADDRESS _____

BANK NAME _____ ACCOUNT # _____

BANK CONTACT _____ PH # _____ FAX# _____

LANDLORD: OWN OR RENT CONTACT _____ PH # _____

TRADE REFERENCE (1) _____ ACCT # _____

CONTACT (1) _____ PH # _____ FAX # _____

TRADE REFERENCE (2) _____ ACCT # _____

CONTACT (2) _____ PH # _____ FAX # _____

AS AN OFFICER OR OWNER OF THIS COMPANY I HEREBY GIVE PERMISSION FOR YOU TO VERIFY THIS INFORMATION. I ALSO GUARANTEE THE COMPANY WILL PAY ANY COSTS INCURRED BY OFFICE AUTOMATION, INC. TO COLLECT FUNDS OWED US INCLUDING BUT NOT LIMITED TO RESTOCKING FEES, COLLECTION FEES, ATTORNEY AND COURT COSTS IF SUCH ACTIONS SHOULD BECOME NECESSARY.

PRINTED NAME SIGNATURE TITLE DATE