

APPLICATION FOR CREDIT

At

Mendo-Lake Office Products

TERMS AND CONDITIONS

A Mendo-Lake Office Products charge account is a convenient way to shop for all your office product needs and it helps you save money at the same time. In addition to our everyday low prices, **we offer additional discounts when you use your Mendo-Lake Office Products charge account.**

In order for us to provide you with these additional savings, our charge accounts are 30-day accounts and should not be considered as a revolving account. Your account is due and payable in full within 30 days after the end of the month in which your purchases were made.

Any unpaid balance remaining after this 30-day period will be subject to a FINANCE CHARGE of 1-1/2% (18% per annum).

Any unpaid balance remaining after this 60-day period will be subject to a FINANCE CHARGE of 1-1/2% (18% per annum) and additional orders could be subject to C.O.D.

Any unpaid balance remaining after this 90-day period will be subject to a FINANCE CHARGE of 1-1/2% (18% per annum) the account will be closed and additional orders will be shipped C.O.D. only.

If unforeseen circumstances should ever prevent you from paying your account in accordance with the TERMS AND CONDITIONS of this agreement, we urge you to call us and let us work together to find a payment solution that will safeguard your credit standing.

Safeguarding your credit standing and maintaining an open account assures you of receiving additional discounts with every purchase.

To apply for your **Mendo-Lake Office Products** value added charge account, please complete the following application.

NAME OF FIRM/INDIVIDUAL			ESTIMATED MONTHLY PURCHASES		
P O BOX (OPTIONAL)					
BILLING ADDRESS (REQUIRED)			YEARS AT BILLING ADDRESS		
CITY	STATE	ZIP	AREA CODE	PHONE	
SHIPPING ADDRESS			AREA CODE PHONE		
CITY	STATE	ZIP	AREA CODE	FAX	

In our continuing effort to offer our products and services at the lowest cost, we will send your statements via e-mail or fax. Please check your preference. If you do not have either of these, please check mail.

[] E-mail

[] Fax

[] Mail

E-mail address

Fax number

(Continued on the reverse side)

The following information must be provided. It will be held in the strictest confidence. Please return in the envelope provided.

OWNERSHIP			
<input type="checkbox"/> Corporation <input type="checkbox"/> Check here if incorporated within the past 12 months. <input type="checkbox"/> Partnership <input type="checkbox"/> Individual			
1.			
NAME(S) OF PRINCIPAL(S)	HOME ADDRESS 1)	ZIP	PHONE
2.			
3.			
4.			
1) A HOME ADDRESS IS REQUIRED TO PROCESS THIS APPLICATION. P.O. BOX NUMBERS ARE NOT TO BE USED.			

BANK REFERENCE			
BANK	ADDRESS	ZIP	PHONE
BANK OFFICER/CONTACT		ACCOUNT NO.	

OPEN <u>LOCAL</u> BUSINESS ACCOUNTS			
1.			
BUSINESS NAME	ADDRESS	ZIP	PHONE
CONTACT		ACCOUNT NO.	
2.			
BUSINESS NAME	ADDRESS	ZIP	PHONE
CONTACT		ACCOUNT NO.	
3.			
BUSINESS NAME	ADDRESS	ZIP	PHONE
CONTACT		ACCOUNT NO.	

I/We certify that all the information provided in this application is correct. I/We authorize the bank shown above to provide information as required for obtaining credit approval for this charge account. I/We fully understand that this application is for a 30-day account and agree to the TERMS AND CONDITIONS herein stated in consideration for extending credit.

Date _____ Signed _____
 Title _____

PLEASE DO NOT WRITE IN THE SPACE BELOW

REFERENCES CHECKED BY _____	<input type="checkbox"/> CREDIT APPROVED BY _____
REFERENCE RESULTS _____	MAXIMUM CREDIT LIMIT (\$): _____
_____	<input type="checkbox"/> CREDIT DENIED BY _____
_____	DATE _____