



Salesman #: _____

Date : _____

Office Use Only

Account Application

INSTRUCTIONS:

This application must be completed in full and approved prior to the extension of any credit. Completed forms should be emailed to cs1@pensetc.com for consideration.

Business Information:

Date: _____

Check One: ___ Individual/Proprietorship ___ Partnership ___ Corporation

Business / Corporation Name _____

Doing Business As _____

Years In Business _____ Date Incorporated _____

Type Of Business _____ State Resale # _____

Contact Name _____ Business Phone # _____

Federal Tax ID# _____ Fax # _____

Name Of Parent or Affiliate Company _____

E-Mail: _____

Website Address: _____

Account Payable Name _____ Account Payable Phone _____

Acct Payable Email _____

Shipping Address

Street Address _____

City & State _____ Zip Code _____

Billing Address (If different than Shipping Address)

Street Address _____

City & State _____ Zip Code _____

Name Of Bank _____

Telephone Number _____ Bank Address _____

City & State _____ Zip Code _____

Accounts Receivable:

Are your accounts receivable currently pledged? ___ Yes ___ No

If yes, please give the name, address, and telephone number for the secured party:

Trade References: (Do not include utilities or credit card accounts) – There is a 7-10 business day waiting period for us to hear back from your references. If you want your account to be opened in the meantime, please fill out the credit card form. If trade references are not filled out a credit card on file is required.

Name _____ Contact Name _____
 Telephone _____ Address _____
 City, State & Zip _____ Email _____

Name _____ Contact Name _____
 Telephone _____ Address _____
 City, State & Zip _____ Email _____

Name _____ Contact Name _____
 Telephone _____ Address _____
 City, State & Zip _____ Email _____

Personal Information:

Principle Name _____ Title _____
 City & State _____ Home Address _____
 Home Telephone Number _____ Zip Code _____
 Have You Ever Filed Bankruptcy? ___ Yes ___ No

Ownership:

Name (s)	Title(s) & Address of Owner(s) &/or Officer(s):	Percentage Of Ownership	SS#

The person or persons signing this agreement must correctly indicate in writing after his or her signature, the legal capacity of the person or persons signing. Any person signing this agreement agrees that he or she will be personally, individually, and if married, his or her marital community will be liable as a party to all terms and conditions of this agreement and will pay for the reasonable collection and / or attorney fees in addition to other sums due. The undersigned certifies that the above information is correct. Applicant authorized PENS ETC. to obtain credit and financial information concerning the applicant and all principles at any time and from any source. Applicant fully understands credit terms and agrees to prompt payment in consideration of extended credit.

Company Name _____

Signature _____ **Date** _____

Print Name and Title _____

Must be signed by owner, partner, or corporate officer.



6895 W. Frye Rd.
Chandler, AZ 85226
Ph: 480-831-9600
Toll Free: 800-423-4165
Fax: 480-831-9601
Toll Free: 800-423-4166

AUTOMATIC CREDIT CARD PAYMENT SIGN-UP FORM

Pens, Etc., Inc. accepts VISA, MASTERCARD and/or AMEX as methods of payment. Simply complete this form, sign, and fax it to 480-831-9601, toll free 800-423-4166. Please complete all information below to ensure your account is credited properly.

**Pens Etc. imposes a 2% surcharge
on the transaction amount on credit card transactions.**

VISA _____ MASTERCARD _____ AMEX _____

DATE _____

CREDIT CARD # _____

EXPIRATION DATE _____ CV2# _____ (3-4 digit code on back of card)

CUSTOMER ACCOUNT NAME _____ CUST# _____

PRINT CARDHOLDER NAME _____

CREDIT CARD BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER OF CARDHOLDER _____

I hereby authorize Pens, Etc., Inc. to charge the credit card referenced above for services performed. The authorization and direction will be in effect until Pens, Etc., is notified in writing of a charge or termination of the card.

CARDHOLDER SIGNATURE _____