



Buffalo Office Supply Corp.

206 Crescent Ave.
Buffalo, NY 14214
Phone: 716-512-3638
Fax: 716-299-2044
buffaloofficesupplycorp.com

Account: _____
Credit Limit: _____
Approved by: _____
Date: _____

Confidential Credit Application

Date: _____

Firm name: _____

AKA: _____

Address: _____

City: _____ State: _____ Phone: _____ Fax: _____

Web address: _____ Email address: _____

corporation partnership limited partnership proprietorship not for profit
year established: _____

Your account will be assigned to credit card payments until application has been submitted and approved. Your prompt return of this application will allow us to process the application immediately. Thank you for your cooperation.

Credit line requested: _____ Est. annual purchases: \$ _____

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Name of bank: _____ Name of officer: _____
Account name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

Trade Reference #1 secured unsecured
Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

Trade Reference #1 secured unsecured
Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

Trade Reference #1 secured unsecured
Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

For faster processing, please include your company's financial statement. Applicant's signature attests to responsibility, ability, and willingness to pay invoices within accordance of terms. Terms: Net 30 and 1 1/2 % service charge after 30 days. The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize to investigate the listed references. I further agree to be personally liable for reasonable legal and collection expenses.

Signature: _____ Date: _____

Print name: _____ Title: _____