

# Bennett's Office Supply & Equipment - Credit Application

Personal information required if in business 5 years or less, or if 20 employees or less. **Incomplete applications will not be processed.**

**OFFICE  
USE ONLY**

**Customer and Billing Information - Incomplete Applications Can Not Be Processed.**

Company Legal Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Store Location:

Taxable       Exempt      Federal Tax ID # \_\_\_\_\_

Mineral Wells

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Stephenville

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Weatherford

Years in Business \_\_\_\_\_ No. of employees \_\_\_\_\_ Business Description \_\_\_\_\_

Type of Business       S- Corp       Non-Profit       Proprietor       Partnership       Corporation       Government

Approved \_\_\_\_\_

Parent Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Disapproved \_\_\_\_\_

**Personal Information of Proprietor, Partners or Major Shareholders**

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ D/L No. \_\_\_\_\_

Notification \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ D/L No. \_\_\_\_\_

Limit \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_

**Bank & Credit References**

Name of Bank \_\_\_\_\_ Checking Account No. \_\_\_\_\_

Initials \_\_\_\_\_

Phone No. \_\_\_\_\_ Contact \_\_\_\_\_ Loan Account No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Account No. \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Account No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Account No. \_\_\_\_\_

**Authorization for Disclosure of Credit Information (THIS MUST BE SIGNED)**

**Bennett's Office Supply & Equipment credit terms are NET AMOUNT DUE BY 10th OF MONTH FOLLOWING DATE OF PURCHASE.**

Applicant hereby authorizes the release of business and/or personal credit information to Bennett's (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency. I hereby represent all information is true, correct and complete. A photostatic copy of this authorization shall be valid as the original.

If this application is approved, I agree to pay in accordance with Bennett's stated credit terms of net amount due by 10th of month following date of purchase.

Signature \_\_\_\_\_ (Authorizing Officer Signature)      Name \_\_\_\_\_ (Please Print Name)      Title \_\_\_\_\_      Date \_\_\_\_\_