



Credit Application for a Business Account

13636 S. Western Ave. ▪ Blue Island, IL 60406 ▪ Phone 708-478-7030 ▪ Fax 708-479-6248
Website www.FirstClassSchoolSupplies.com Email: NewAccounts@FirstClassSchoolSupplies.com

BUSINESS CONTACT INFORMATION

Company Name:			
Phone:	Fax:	E-mail:	
Company Billing Address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
A/P Contact:		A/P Email:	
Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes # <small>(attach copy of certificate)</small>		Preferred Invoicing Method: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. Mail	

BUSINESS AND CREDIT INFORMATION

Primary Ship-To Address: <small>(If mult. submit attachment)</small>			<input type="checkbox"/> Same as Billing Address
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Savings Account #	Checking Account #	Other Account #	

BUSINESS/TRADE REFERENCES

Company Name:			Account #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			Account #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			Account #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

PURCHASING INFORMATION

Required Purchase Authorization Reference: <input type="checkbox"/> PO# <input type="checkbox"/> Requisition# <input type="checkbox"/> Name <input type="checkbox"/> None <input type="checkbox"/> Other:
Purchase Authorization Levels Required: <input type="checkbox"/> No <input type="checkbox"/> Yes: How Many Levels (1-10):

USER LIST (If more than 4, submit additional list)

First Name	Last Name	Email Address	User ID	Password	Admin (Y/N)

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize First Class School & Office Supplies to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Date:	Title:	Date:
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