

# HUMMEL'S **OP**office plus

P: 315-866-3860      TOLL FREE: 1-800-765-4866  
F: 315-866-4152      TOLL FREE: 1-800-673-3747

P.O. BOX 351  
HERKIMER, NY 13350  
NEW ACCOUNT APPLICATION

Registered Name: \_\_\_\_\_ Trading Name: \_\_\_\_\_

Statement/Invoice Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are You Tax Exempt? Y or N      \*If yes, must provide certificate along with completed application; failure to do so will result in an incomplete application\*

Prefer Invoices Emailed or Faxed versus Mail? Y or N

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Purchasing Contact Name: \_\_\_\_\_ Require Purchase Orders? Y or N

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Business References** (Must provide *at least* three with phone *and* fax numbers)

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Account No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Account No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

\*Invoices are due within 30 days from the invoice date, any account balance 30 days or older will be charged a finance charge of 2% per month, which is an annual percentage rate of 24%. A minimum \$1.00 is charged. Any account balance 90 days or older will be placed on COD until payment in FULL is received.\*

I, \_\_\_\_\_, AGREE TO THE TERMS AND CONDITIONS OF HUMMEL'S OFFICE PLUS AND THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

<b>Internal Use:</b> Sales # _____ Contract _____ Catalog _____ Disc. _____
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