

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*

Please provide an Email Address or Fax number for invoice delivery below. No invoices will be mailed.

Email: _____ Fax: _____

Delivery Address: _____

Purchasing Contact Name: _____ Require Purchase Orders? Y or N

Phone: _____ Fax: _____ Email: _____

Credit References (Must provide *at least* three with phone *and* fax numbers. **Please do not list Banks**)

If you wish to pay for all invoices via credit card, please sign bottom of this form agreeing to our terms and then proceed to next page to fill out credit card information

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.**

Internal Use:

Sales # _____ Contract _____ Catalog _____ Disc. _____

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CREDIT CARD AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.

TYPE OF CREDIT CARD:

(Check one)

_____ **VISA** _____ **M/C** _____ **DISC** _____ **AMEX**

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

NAME ON CARD: _____

CREDIT CARD BILLING ADDRESS: _____

(Street, City, State & Zip code)

I, _____ authorize Hummel's Office Plus
(Print Name)

to charge all invoices that are billed on my Hummel's account to my credit card. I understand that all invoices will be charged to my credit card once product(s) has been delivered unless otherwise specified by Hummel's. I also understand that if I no longer authorize my credit card to be charged; I will have to submit credit references in order to open a charge account.

SIGNATURE: _____

DATE: _____