

# Baker Office Products

## Business Account Application

13<sup>th</sup> and Ave. L, P.O. Box 1920, Lubbock, TX 79408

Phone: 806 763 2500 Fax: 806 747 1600

**Thank you for choosing Baker Office Products for your office supply, furniture, and printing needs.  
To open an account we need some basic business information.**

**Please tell us about your business. Please print or type.**

**Where do you want your statement mailed?**

**If we need to deliver to a different address, please list it below.**

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Do you need an attention line for mailing? \_\_\_\_\_

Do you need an attention line for delivery? \_\_\_\_\_

Mailing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Fax

\_\_\_\_\_ E-Mail Address

How long have you been in business? \_\_\_\_\_ Are you incorporated? \_\_\_\_\_ Do you require purchase orders? \_\_\_\_\_

Please describe your business: \_\_\_\_\_

Are you claiming an exemption from sales tax? \_\_\_\_\_ If yes, please complete the tax form on the back of this sheet.

Please list the owners of the business. If you are not incorporated, please provide social security numbers of owners.

\_\_\_\_\_  
\_\_\_\_\_

Do you want to limit who can charge on this account? If so please list their names and titles below.

\_\_\_\_\_  
\_\_\_\_\_

Please list your bank and two business references.

Bank \_\_\_\_\_ Bank Officer \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

Business Reference \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

Business Reference \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

I hereby grant permission for you to verify this information with these references. Terms: Payment in full is due on the first of the month, past due on the 11<sup>th</sup>, payable in Lubbock, TX. Special order merchandise cannot be returned. All other returns must be made within 30 days of purchases and a restocking fee may be charged. Invoice number must be furnished with return. I also understand that a finance charge of 1 1/2% per month (18% annual percentage rate) will be made on balances unpaid 30 days after statement date.

Signd by:	Please print or type your name and title						Date
Interooffice							
Appr/date/cl	slsp	route	disc	cont	ht#	flyer	emp init

Special Instructions/Contact \_\_\_\_\_  
fwd crdt \_\_\_ acct \_\_\_ sm \_\_\_ mail list \_\_\_ route # \_\_\_