

Application for credit with
Midwest Office Supply

4765 Industrial Drive Springfield, IL 62703 Phone (866) 978-5555 FAX (866) 753-1417

The following information is submitted for your consideration as a basis of extension of credit to us:

| | |
|---------------|-----------------------|
| Business Name | Phone # |
| Address | Soc. Sec. # |
| City | FEIN # |
| State | Zip |
| | Date business started |

The following information must be completed in full, and will be held in the strictest confidence.

Our legal entity is: Corporation LLC Partnership Proprietorship
(If a corporation, list names of officers and titles. If other entity, list names of partners or owners.)

| Name(s) of Principal(s) | Address | Position | Phone |
|-------------------------|---------|----------|-------|
| | | | |
| | | | |

Type of Business:

If business is a division or subsidiary, list complete name & address of parent company:

If business is tax exempt, please attach exemption certificate.

Tax Exempt Number:

| | |
|----------------------------|----------------|
| Bank Name | Bank Address |
| Bank Officer or Department | Account Number |
| Bank Phone Number | |

REFERENCES

| Company Name | Address | City, State, Zip | Phone |
|--------------|---------|------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

I/we hereby request open account terms with your company. In consideration of the extension of credit to our account, I or we individually, jointly and severally guarantee full and complete payment of account. We certify that all information on this application is correct; and that I/we fully understand your credit terms of Net 30. We further agree to pay all expenses of collection, including court costs and reasonable attorney's fees should it become necessary to refer the account for collection.

Signed: _____ Title: _____ Date: _____
Signed: _____ Title: _____ Date: _____
Witness: _____ Date: _____