



**U.S. Office Solutions**  
*your one stop office shop*

. Mailing Address P.O. Box 41453 Washington, D.C. 20018  
 . Phone Number Washington D.C. metro area 240.353.8252  
 . Fax Number Washington D.C. metro area 202.526.8881

Name of Firm or Individual \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Years in Business \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

Billing Address (If Different From Above) \_\_\_\_\_

SIC Code \_\_\_\_\_

Please Check One:      Individual          Partnership          Corporation (State \_\_\_\_\_ )

If Subsidiary, Name of Parent Company \_\_\_\_\_

Tax Exempt (If Yes, Attach Appropriate, Completed State Form  
 or Other Authorization as Required by Law) \_\_\_\_\_

Name(s) of Principal(s) \_\_\_\_\_

Home Address & Social Security Number (Required if in Business Less than 24 Months) \_\_\_\_\_

Special Billing Instructions \_\_\_\_\_

Authorized Buyer(s)

1 \_\_\_\_\_

**P.O. Required?**    YES    NO

2 \_\_\_\_\_

3 \_\_\_\_\_

**BANKING REFERENCES**

Name \_\_\_\_\_ Branch Location \_\_\_\_\_ Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Branch Location \_\_\_\_\_ Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**TRADE REFERENCES**

Name \_\_\_\_\_ Address \_\_\_\_\_ Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

I personally guarantee this account to be paid as agreed above.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

References Checked By \_\_\_\_\_ Credit Approved By \_\_\_\_\_ Credit Refused By \_\_\_\_\_ Date \_\_\_\_\_

Sales Rep # \_\_\_\_\_ Disc. Code \_\_\_\_\_ Date Received \_\_\_\_\_ Credit Limit \_\_\_\_\_