

APPLICATION FOR CREDIT – STORE CHARGE

Date: ____/____/____
Company Name: _____
Shipping Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Billing Address: _____
City, State Zip: _____
Credit Contact: _____
Credit Phone: _____ Fax: _____
E-mail: _____
Purchasing Contact: _____
Purchasing Phone: _____ Fax: _____
E-mail: _____
Description of business: _____
Years in business: ____ Type of Business: Corporation __ Partnership __ Individual __
Owners: _____

Business References

- 1.) Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
- 2.) Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
- 3.) Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Bank Information

Name: _____ Acct. # _____
Address: _____
City/State/Zip: _____
Contact Person: _____
Phone: _____ Fax: _____

Signature Printed Name

Online Account Information

Contact Name: _____ Contact Email: _____
User Name of Choice: _____
Password of Choice: _____
Comments: _____



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Holland, MI 49423
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800.992.0011
Fax 616.396.2166
accounting@frisoffice.com
www.frisoffice.com

ACCOUNT PAID BY CREDIT CARD

Date: ____/____/____

Company Name: _____

Shipping Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Billing Address: _____

City, State Zip: _____

Credit Contact: _____

Credit Phone: _____ Fax: _____

E-mail: _____

Purchasing Contact: _____

Purchasing Phone: _____ Fax: _____

E-mail: _____

Description of business: _____

Years in business: ____ Type of Business: Corporation ____ Partnership ____ Individual ____

Owners: _____

Credit Card Billing

Name on Card: _____

Card Type: MasterCard ____ Visa ____ American Express ____ Discover ____

Card # _____

Exp Date: _____ Security Code: _____

Billing Address: _____

Billing City/State/Zip: _____

Billing Phone: _____

Signature _____ Printed Name _____

Online Account Information

Contact Name: _____ Contact Email: _____

User Name of Choice: _____

Password of Choice: _____

Comments: _____



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