

# Account Application Set-up Form



Account Information				
Bill-To Information	Company Name			
	Address			Telephone Number
	City	State/Province	ZIP/Postal Code	Fax Number
Ship-To Information (If different from Bill-To)	Company Name			
	Address			Telephone Number
	City	State/Province	ZIP/Postal Code	Fax Number

Company General Information				
Legal Name		Trade Name		
Business Type			SIC/NAICS Code	
Annual Sales (Dollars)	Credit Limit Request	Estimated Monthly Purchases		
Sales Tax Exemption Number		D&B Number	Corporation Account Number	

Will your company be purchasing products for which it will be exempt from taxes? If Yes, please attach the appropriate document to support tax exempt status.	Yes	No
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Authorized Buyer	Name	Telephone Number	Fax Number
Accounts Payable	Name	Telephone Number	Fax Number
Email of Contact Person		Corporate Website	

All financial information submitted in support of this application is true and complete in all respects. Permission is herewith granted to obtain information from all references provided, including my bank. I understand that Softchoice terms are Net 30 days from the date of invoice unless otherwise specified, and the account may be subject to a finance charge on past-due balances of 1.5% per month (18% annually). Furthermore, I understand that my orders will not be shipped if my account is past due, and that collection fees (including attorney fees) and related costs are my responsibility in the event of my non-payment. Also, I understand that a service charge of \$25.00 will be applied to my account in the event of a returned check.

I make this application on behalf of the above mentioned company. The information contained within is for the explicit use of Softchoice. The signature below authorizes my bank to release credit and account information to Softchoice.

**(Signer must be company President, CFO, Controller, or A/P manager etc.)**

Signature	Title	Date

# Account Application Set-up - Credit Information Form

Please attach Business Information Document



Company Information			
Form of Business	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Parent Company	If Subsidiary, Name of Parent Company		Number of Locations
	Date Started	Number of Employees	Premises Owned, Rented or Leased
Company Officers	Name		Title
	Name		Title
	Name		Title

Bank Information			
Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Account Number	Contact Name		Credit Limit

Trade Reference Information (Vendors with whom you have Credit)			
Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Account Number	Contact Name		Credit Limit

Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Account Number	Contact Name		Credit Limit

Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Account Number	Contact Name		Credit Limit

# Account Application Set-up - Location Information Form

Please attach Business Information Document or Branch Office List



## List of All North American Locations

Please list all the different Company Locations that Softchoice may ship products to. We accept an attached copy of your Company Profile / Branch Office location list.

Company Locations			
Location Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Main Contact Person		Contact Email	

Location Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Main Contact Person		Contact Email	

Location Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Main Contact Person		Contact Email	

Location Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Main Contact Person		Contact Email	

Location Name			
Address			Telephone Number
City	State/Province	ZIP/Postal Code	Fax Number
Main Contact Person		Contact Email	