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Rio Grand Valley

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ACCOUNT APPLICATION

			PLEASE SELECT ACCOUNT TYPE
			C =
FIRM NAME:			S =
PH:	FAX:	E-MAIL:	D =

BILL TO:	SHIPTO:
STREET OR P.O. BOX:	STREET:
CITY, STATE, ZIP:	CITY, STATE, ZIP:

DO YOU USE P.O.#'S YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU TAX EXEMPT (IF YES ATTATCH CERTIFICATE) YES <input type="checkbox"/> NO <input type="checkbox"/>	ACCOUNTS PAYABLE CONTACT NAME: _____ PHONE: _____	PURCHASING CONTACT NAME: _____ PHONE: _____
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DATE BUSINESS WAS ESTABLISHED: _____

TRADE REFERENCES

FIRM NAME	CONTACT NAME	PH:	FAX:
1			
2			
3			

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: NET 10TH OF MONTH.

I certify the above information is true and correct. This authorizes A&W Office Supply Inc., to contact all of the references listed to verify information on our company. I agree to pay all charges according to A&W Office Supply, Inc. If I fail to do so then I agree to pay any late charges, collection expenses and attorney fees if collection procedures are instituted.

Signature: _____
 Print Name _____
 Date: _____

Would you like to be set up online: yes ___ no ___	CC# _____
Email Address: _____	Expires _____ CSC# _____
	Card Holder Name _____