



Corporate Office /Furniture Showroom
 1030 2nd Avenue N.W. Hickory, NC 28601
 PO Box 2145 Zip Code 28603
 P: 828-345-6200
 www.shopideallofficeworx.com

ACCOUNT APPLICATION

Company Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Delivery Address Same as Billing Address

Delivery Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Web: _____

Sales Tax Rate % (of delivery address): _____% County of delivery address: _____

Tax Exempt: No Yes (Attach Certificate) PO Required: No Yes

Special Delivery Instructions: _____

Accounting Contact: _____ Email: _____

Purchasing Contact: _____ Email: _____

Method of Receiving Invoices: Email: _____ or By Mail

Person(s) Allowed to Order on this Account (more can be added)

First/Last Name	email	Phone Number
1		()
2		()
3		()

SELECT ACCOUNT PAYMENT TYPE

Open Credit Charge Terms and Conditions: Bumbarger’s Inc. requires this form to be completed to establish an “open credit” charge account. The credit limit is based on your monthly purchase amount and your payment history. The undersigned (“Customer”) certifies that everything in this application is true, complete and hereby agrees to all terms and conditions of this agreement. Customer certifies that he/she has the power to make, deliver, and perform under this Agreement, and that the undersigned Customer is duly authorized to enter into this Agreement for and on behalf of Customer. **Payment Terms:** Customers with an “open credit” charge account with Bumbarger’s Inc. will have terms of: Payment Due Net30 days of date on invoice. Customer agrees to pay all debts incurred within the terms of sale.

Credit Card Terms and Conditions: Customer agrees to pay all charges according to credit card issuer agreement and to keep credit card information current if on file with Bumbarger’s Inc.

Credit Card Number: _____ Name on Credit Card: _____

Exp. Date: _____ *You may choose to call in your credit card information, or enter at time of order at bumbargersop.com

AUTHORIZATION

 Signature of Owner, Officer, or Authorized Agent

 Please Print Name

 Title

 Date

Bumbargers Inc.