



OFFICE

## B2B Account Application

### Business Contact Information

NAME:		TITLE:	
COMPANY NAME:			
PHONE:	FAX:	EMAIL:	
BILLING ADDRESS:			
CITY:		STATE:	ZIP:
ACCOUNTS PAYABLE CONTACT NAME:			
PHONE:		E-MAIL:	
REQUESTED WJ USER NAME(S):			

### Business and Credit Information

SHIPPING ADDRESS:			
CITY:		STATE:	ZIP:
HOW LONG AT CURRENT ADDRESS?			
PHONE:	FAX:	E-MAIL:	
BANK NAME:			
BANK ADDRESS:		PHONE:	
CITY:		STATE:	ZIP:
CHECKING ACCOUNT NUMBER:			
REQUESTED WJ CREDIT LIMIT:			

## Business/Trade Reference 1

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

E-MAIL:

## Business/Trade Reference 2

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

E-MAIL:

## Agreement *(check all that apply)*

- 1.) All invoices are to be paid by the 10th of the following month. Past due invoices are charged 1.5% per month service charge.
- 2.) Claims arising from invoices must be made within seven working days.
- 3.) By submitting this application, you authorize WJ Office to make inquiries into the banking and business/trade references that you have supplied.

I agree with the terms and conditions set forth in this document and I authorize WJ Office to proceed with my B2B account application.

I would like to receive information regarding Promotions, Specials and Announcements from [www.wjoffice.com](http://www.wjoffice.com). WJ Office honors your privacy as a valued customer and will not share your information publicly.

## WJ Use Only

NUMBER OF EMPLOYEES:

BIG CATALOG:

P.C. # 1 *(choose one)*

P.C. # 2 *(choose one)*