

**PLEASE GIVE COMPLETE NAME, ADDRESS, PHONE AND FAX NUMBERS
OF THREE CURRENT CREDIT REFERENCES.**

Company Name _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Company Name _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Company Name _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

***** IMPORTANT PLEASE READ *****

The ("customer") by submitting this credit application does hereby authorize Office Plus of Lake County to contact the above business and bank references to secure information necessary to determine credit worthiness.

BY: _____ DATE: _____
SIGNATURE & TITLE

