



Attn: Christopher Sharpe
3206 Rehobeth Chruch Rd. Greensboro, NC 27406

Contact Us:
Phone:(336)856-0100 Fax:(336)856-1101
csharpe@piedmontoffice.com
www.piedmontoffice.com

Billing Information:

Legal Business Name: _____

Billing Address: _____

Phone: (_____) _____

Fax: (_____) _____

A/P Contact: _____

Phone: (_____) _____

Email Contact: _____

Shipping Information:

Shipping Address: _____

Phone: (_____) _____

Fax: (_____) _____

Payable Information:

Account Type:

***Credit Card Applications can be obtained through accounting. The credit card form will be faxed or emailed to you upon application return.*

Credit Card** _____ PO _____

Account Options:

Monthly Statement Required: Yes _____ No _____

Taxable: Yes _____ No _____

Purchases Will Be For:

Exempt Tax Status Certificate MUST be included with this application

Resale _____ Out-of-State _____

Taxable _____ Exempt (*) _____

Authorized Online Buyer:

Name: _____

Email: _____

Phone: _____

Fax: _____

Electronic Signature Agreement. By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide Faison Office Products Inc., instructions via our ordering site Faisonopc.com or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and Faison Office Products, Inc. To obtain electronic services and communicatios, indicate your consent to the terms and conditions of this agreement by clicking on the "I accept" button.

"I Accept" Name _____ Title _____ Date _____

Internal Use ONLY

Contract Assignment: _____ Special Contract: _____ Cost Plus % _____

Rep I.D.: _____ Credit Limit Request: _____ Account #: _____

Managers Approval: _____ Date: _____



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Trade References

****Atleast 3 Trade References, 1 Bank Reference and valid fax numbers are required.****

Company Information

Name:	_____
Address	_____ _____ _____
Phone:	_____
Fax:	_____

Company Information

Name:	_____
Address	_____ _____ _____
Phone:	_____
Fax:	_____

Company Information

Name:	_____
Address	_____ _____ _____
Phone:	_____
Fax:	_____

Bank Reference

Name:	_____
Address:	_____ _____ _____
Phone:	_____
Fax:	_____