



Internal Use Only	
Account#	Salesperson:
Route:	

PARKER'S WORKPLACE SOLUTIONS CREDIT APPLICATION

<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATE	TERMS APPLYING FOR:	<input type="checkbox"/> STATEMENT (NET 10 EOM)	<input type="checkbox"/> INVOICE	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> COD
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BUSINESS INFORMATION

Full Legal Name/Business Entity:			Date:		
DELIVERY ADDRESS			MAILING ADDRESS		
Address/Suite:			Address/Suite:		
City:	State:	Zip:	City:	State:	Zip:
Telephone #: ()			Telephone #: ()		
Fax #: ()			Fax #: ()		
Type of Business:		Date Established:	Federal Tax ID:		
Number of Office Workers: (Check One) <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-35 <input type="checkbox"/> 36-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+					
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Proprietorship					
PRINCIPALS / OWNERS					
Name:	Address:			Phone#:	
Name:	Address:			Phone#:	

PURCHASING AND CONTACT INFORMATION

Manager:	Telephone #:	Fax #:	E-mail:
Purchasing Contact:	Telephone #:	Fax #:	E-mail:
Accounts Payable Contact:	Telephone #:	Fax #:	E-mail:
Credit Limit Desired: \$ (Per Month)		Are Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Own Or Rent Premises? <input type="checkbox"/> Own <input type="checkbox"/> Rent		If Renting, Who is Your Landlord? Telephone #:	

SALES TAX REQUIREMENT

YOUR COMPANY, UNDER STATE LAW, IS REQUIRED TO PAY SALES TAX ON PURCHASES MADE FROM PARKER'S UNLESS YOU ARE BUYING MERCHANDISE FOR RESALE OR THE MERCHANDISE IS AN INGREDIENT IN A PRODUCT THAT YOU SELL. YOU MUST INCLUDE A TAX CERTIFICATE IF YOU ARE CLAIMING SALES TAX EXCLUSION ON PURCHASES.

Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Number if Exempt:
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CREDIT REFERENCES – LOCAL VENDORS / SUPPLIERS / SERVICES YOU REGULARLY CHARGE WITH

Company:	Account #:	Telephone #:	Fax #:
Company:	Account #:	Telephone #:	Fax #:

AGREEMENT

1. By submitting this application, you authorize Parker's Workplace Solutions to make inquiries into the credit references that you have supplied.
2. Applicant agrees that it will pay interest at the current Parker's rate (not to exceed the lawful limit) on unpaid balances open at the 24th which were due and payable on the previous 10th of the month, plus all costs of collection, including reasonable attorney fees and costs. Applicant further agrees to provide appropriate Uniform Commercial Code and Security agreements when requested by Parker's Inc.
3. Buyer agrees to the terms of the invoice and the credit terms of this agreement.
4. Applicant agrees to receive communications sent by or on behalf of Parker's Inc. by way of U.S. mail, email, telephone, or fax. Applicant understands that Parker's Inc. will not share this information with any outside organizations.
5. A facsimile or scanned image of this credit application which contains customer's signature is to be considered the equivalent of an original and the acceptance of the terms and conditions on the credit application.

SIGNATURES	DIRECTIONS
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Applicant Business Name:	Please email completed application to: customerservice@parkersws.com
Signature and Title:	
Print Name:	Or fax to: (970)247-2241 in Colorado or (505)326-5967 in New Mexico.
Date:	For application to be valid it must be signed and dated.
	If you have any questions about this application please call our customer service department at (970)247-2166 in Colorado or (505)325-8852 in New Mexico.