



**Office Value**  
Our Name Says It All...  
www.officevalue.net

# New Client Setup

Phone: 208-342-1025 Fax: 208-855-9323

Office Use Only:	
Salesman	_____
Route #	_____
Account #	_____
CT #	_____ CT #
CT #	_____ CT #
USER:	_____
PSWD:	_____

## Section 1 - Company Information

Desired Credit Line: \$ \_\_\_\_\_

Company Full Legal Name \_\_\_\_\_ Number of employee's \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Web Site \_\_\_\_\_

Owner \_\_\_\_\_

Type of Organization:  Proprietorship  Partnership  Corporation: State \_\_\_\_\_ Year \_\_\_\_\_ EIN: \_\_\_\_\_

Does your company require purchase orders?  Yes  No Are you Tax Exempt?  Yes  No (yes: attach copy)

Would you like to place orders from the Office Value Website?  Yes  No Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## Section 2 - Credit Card Information

If you would like your credit card billed monthly complete below.

Type of Card:  VISA  MasterCard  American Express

Card Number \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Verification Code \_\_\_\_\_

## Section 3 - Agreement and Signature

In consideration for extending credit to Company, Company agrees to pay OFFICE VALUE for all items delivered to it at its request within 30 days of the invoice date. Company agrees to pay a service charge not to exceed 1.5% per month, or the highest rate allowed by law, whichever is greater on all account balances in excess of 30 days. Company agrees to pay reasonable attorney fees and costs for all accounts turned over for collection. All merchandise returns will be given OFFICE VALUE credit, no cash refunds.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_