



UI Supplies, Inc
 95 Orville Dr.
 Bohemia, NY 11716
 U.S.A.

Account Credit Application

Fax to: 888-791-9188 or
 631-218-3285 (local)

We request the extension of credit in the monthly amount of \$_____ and submit the following information: (The condition of extending credit requires min. purchase(s) of \$500.00 per month)

Please type or print name as it should appear on invoice:

Business Name: _____

Federal Tax ID#: _____

Organizational Form: _____ Sole Proprietorship _____ Partnership _____ Corporation

For NYS Customers Only: Resale #: _____

Street Address: _____

City, State & Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____ Years in Business: _____

Purchasing Manager: _____ A/P Manager: _____

President or Owner: _____ SSN #: _____

Home Address: _____ Home Telephone #: _____

BUSINESS PROFILE(cartridges per month)

_____ Laser Carts _____ Inkjet/Compatibles _____ Copiers Carts

TRADE REFERENCES

(Please provide 3 on an attachment listing the following)

Company Name / Account # / Company Address / Telephone# / Fax# / Email Address

BANK REFERENCES

Bank Name: _____ Contact Person _____

Bank Address: _____

Account #: _____ Telephone #: _____ Fax #: _____

Note: Uninet East Coast will not pay a bank fee for a credit reference. If your bank request a fee, you will be notified.

We hereby certify that the information given in this application is accurate to the best of our knowledge. We understand that payment of Uninet East Coast's invoices are to be received within 30 days of invoice date. Amounts not paid by the due date are subject to interest at the rate of 1 1/2% per month, plus costs of collection, including reasonable Attorney's fees. All returned checks will be charged a \$25.00 returned item fee.

WE HEREBY AUTHORIZE THE RELEASE OF CREDIT INFORMATION FROM THE ABOVE LISTED BANK AND REFERENCE AND OTHER REPORTING AGENCIES.

Signed: _____ (Title) _____ Date: _____

Office use only:

Cust #:		Rep:	
Sent:		Rec'd:	
B	T1	T2	T3