



Billing Information

Company Name		*FEIN#	Corporation <input type="checkbox"/>	Sole Prop. <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	S-Corp. <input type="checkbox"/>	Prof. Assoc. <input type="checkbox"/>
Billing Address			Date Established	
<input type="text"/>			<input type="text"/>	
City	State	ZIP	County	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone	Fax	Email		
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>		
Contact Name	Title	Mr. <input type="checkbox"/>		
<input type="text"/>	<input type="text"/>	Ms. <input type="checkbox"/>		

Payment Type

 Credit Card <input type="checkbox"/>	 Open Account <input type="checkbox"/>		
Card Number	Expiration Date	Verification Code	If Open Account, desired credit, \$:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on Card	Card Billing Address		
<input type="text"/>	<input type="text"/>		

References

Complete all information requested, or attach a separate sheet.

Principal Suppliers	Street Address, City, State & Zip	Phone & Fax
1.) <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>
2.) <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>
3.) <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>
Bank Name	Account No.	Phone Number
<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

Tax Status

Note: All accounts will be considered taxable until a valid tax resale or exemption certificate is received.

Taxable **Non-Taxable** **If Non-Taxable, Exempt/Resale Number:**

Customer and Manasota Office Supplies, LLC (MOS) agree to:

- Customer authorizes the bank and principal suppliers named above or on attached sheet to release credit information to MOS and authorizes MOS to release credit information to trade and credit reporting services.
- Customer shall pay all amounts due MOS within 30 days following the invoice at our address in Manatee County.
- Customer agrees to pay a service charge of one and one-half percent (1½%) per month (18% APR) on overdue balances.
- In the event MOS refers Customer's account to a licensed collection agency or attorney for collection, Customer agrees to pay all reasonable charges for collection, including court costs, attorney's fees, filing fees, in addition to the account balance and interest.
- If any provision in this Agreement shall for any reason be held violative of any applicable law, governmental rule or regulation, or causes the Agreement to be held unenforceable, the invalidity of that specific provision in this Agreement shall not be held to invalidate the remaining provisions of this Agreement. All other provisions of this Agreement shall remain in full force and effect.
- The laws of the state of Florida and applicable federal law shall govern the interpretation and enforcement of this agreement.

Signed on behalf of Customer by

* Rev. 3/29/19

Signature	Printed Name	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>