

2225 Shattuck Avenue
Berkeley, CA 94704



P.O. Box 12477
Berkeley, CA 94712-3477

Phone 510-848-3356
fax 510-644-1286
Email alko@alkos.com

Application for Account with ALKO office supply

Company Name: _____ Phone No.: _____

Address: _____ Fax No. _____

City: _____ State: _____ Zip: _____

Ownership: Corporation Partnership Proprietorship

Description of your business: _____

At location since: _____ Year established: _____ No. of employees: _____ Email: _____

30 Day Account
(complete both sides)
Credit card on file
(complete this side
and section one on reverse)
COD Commercial
account
(complete this side only)
Type of Account Requested

Agreement:

Signing below indicates that you understand and will comply with our policies and terms of payment as noted below and authorizes references provided in the reverse side to release their credit experience with you.

TERMS: **Cash on delivery**, or **Net 30 Days from the invoice date** for customers with approved credit.

DELIVERY: In our *East Bay Delivery Zone* we offer FREE DELIVERY, no restrictions apply. Deliveries to other areas are subject to charges that amount to our direct shipping expense, unless other arrangements are made.

PRICING: Prices in our catalog are the manufacturer's suggested retail prices in effect at the time it was printed. Most items are discounted by the quantity purchased at one time. Special contractual column pricing is also available and is based on average purchase volume. Please call our order desk for more details.

RETURNS: Merchandise may be returned for credit for almost any reason if returned within 14 days of the original purchase. It must be in salable condition and in its original package with all packing materials intact. For return authorization please call our order desk. Specially ordered merchandise may not be returnable or may be subject to a 15% restocking charge.

Monthly statements will be sent on request.

Signed: X _____ Printed: _____

Title: _____ Date: _____

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Name on Card _____ Master Card

Card Number _____ Exp _____ Visa

Billing Address if different from reverse: _____ American Express

_____ Nova/Discover

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Principals

Name: _____ Title: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Title: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Title: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Bank Reference

Bank Name: _____ Account Number: _____

Address: _____ City/State/Zip: _____

Contact: _____ Phone Number: _____ ext. _____

Credit References

(Local information if possible, showing at least three months of experience. Commercial trade references only, no credit cards, utilities or personal accounts please.)

Name: _____ Title: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Title: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Title: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____