



6020 Enterprise Drive  
 Pensacola, FL 32505  
 (850) 434-5588  
 (850) 434-5404 Fax

**PLEASE TYPE OR PRINT ALL INFORMATION.  
 FAX A COMPLETED COPY TO (850) 434-5404.**

GCOP SALES ASSOCIATE

**NEW CUSTOMER ACCOUNT**

CUSTOMER NAME			FEDERAL EMPLOYER ID #		
DELIVERY ADDRESS		CITY	STATE	ZIP	
MAILING ADDRESS		CITY	STATE	ZIP	
TELEPHONE NO.	FAX NO.	EMAIL			
DATE BUSINESS ESTABLISHED		ACTIVITY			

TYPE OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		PARENT CORPORATION - NAME			
ADDRESS					
PRINCIPAL OWNER (NAME)			TITLE	SOCIAL SECURITY NO.	
HOME ADDRESS				SPOUSE	
PRINCIPAL OWNER (NAME)			TITLE	SOCIAL SECURITY NO.	
HOME ADDRESS				SPOUSE	

**REFERENCES - Businesses with open accounts:**

BUSINESS NAME		PHONE NO.	ACCOUNT NO.		
ADDRESS		CITY	STATE	ZIP	
BUSINESS NAME		PHONE NO.	ACCOUNT NO.		
ADDRESS		CITY	STATE	ZIP	
BANK NAME	OFFICER'S NAME	PHONE NO.	ACCOUNT NO.		
ADDRESS		CITY	STATE	ZIP	

**BILLING INFORMATION:**

BILLING REQUIREMENTS: <input type="checkbox"/> NET 30 <input type="checkbox"/> CREDIT CARD		PURCHASE ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CREDIT CARD NO.					EXPIRATION DATE
A/P CONTACT NAME			A/P CONTACT EMAIL		
TAXABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE (NAME)	SALES TAX %	COUNTY (NAME)	SALES TAX %	CITY (NAME) SALES TAX %
EXEMPT CERTIFICATE NUMBER		STATE	CITY		

PLEASE INDICATE HOW YOU WISH TO RECEIVE YOUR INVOICES - (NO INVOICES OR STATEMENTS WILL BE MAILED):  
 FAX NO. ( ) \_\_\_\_\_  EMAIL \_\_\_\_\_

The undersigned party hereby makes this application for credit on behalf of the above-named customer and the above-name customer agrees to be liable and responsible for payment in full to Gulf Coast Office Products and/or subsidiaries. The above named customer agrees to pay all principal, interest, late charges, or monies expended to enforce collection and/or court cost, attorney fees or any other fees paid out to locate and collect from customer. I hereby agree to the above and certify that I have the authority to make this application on behalf of the above-named customer.

NAME OF PERSON SIGNING (PRINT) \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_