BUSINESS DOCUMENT SOLUTIONS, INC.
www.bdsva.com

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Norfolk, VA 23502
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E-mail: Digital@bdsva.com

NEW ACCOUNT AGREEMENT

Company Name: _____

Billing Address: _____

_____

Shipping Address: _____

_____

Person to Contact
Regarding Payment: _____

Their E-Mail Address: _____

Their Phone Number: _____ Their Fax Number: _____

Do You Issue Purchase Orders? _____

Are You Exempt from Sales Tax? _____.
(If Yes Please Provide an Exemption Certificate)

How Long Has Your Company Been In Business? _____

Type Of Organization: ☐ Corporation ☐ Partnership ☐ Other
☐ Sole Proprietorship ☐ LLC

Officers Partners or Principals of Your Business:

Title	Name	Address	Phone Number

Bank References:

Name	Phone	Account Number

See Reverse for Terms and Conditions

Trade References:

Name	Phone	Account Number

Terms and Conditions

Payment terms: Net 10 days from invoice date

I have fully read and understand and agree to the terms and conditions as set forth herein. I understand that BDS' decision to extend credit is based on the information contained in this application. I further agree to pay all reasonable attorney's fees, court costs, and collection expenses incurred by BDS in the collection of any past due amounts.

This form must be signed by an authorized representative of your firm:

Name: _____ Title: _____

Date: _____ Signature: _____