

CARDHOLDER INFORMATION:

Number of Cards Requested

Please fill out the information below, as you would like it to appear on your card. If requesting more than one card please make photocopies of this form and fax one form for each card requested. Each card is mailed to your Account Manager who will in turn present the card to you.

Account # (AOPS #): _____ (Required)

1. Company Name: _____ (Required) Up to 25 Characters

2. Cardholder Name: _____ X (Optional) Up to 25 Characters

3. P.O. Number: _____ (Optional)

4. Address Sequence # _____ To link a specific address for the "Ship-to" information

5. Dept./Cost Center Name: _____ Must be loaded in AOPS to link dept

CREDIT INFORMATION:

6. Transaction Credit Limit: \$ _____ X (\$ allowed per transaction, \$1000.00 default)

7. Transactions Allowed Per Day: _____ X (Minimum is 5)

8. Overall Daily Credit Limit: \$ _____ X (\$ allowed per day, \$1000.00 default)

9. Customer Contact: _____ X Phone: _____ (Required)

Customer Signature _____ X Date: _____ (Required)

X - indicates lines to be completed by client

PLEASE ALLOW 3 - 4 WEEKS FOR APPLICATION PROCESSING.

BSD CONTACT INFORMATION: * For Office Use Only *****

Account Manager: Amie Ross Location: 1078

Correct Mailing Address (Please write legibly for more punctual mailing):
PO BOX 9523 (Street address)
Spokane, WA 99209 (City, State, Zip-code)

Phone #: 509-325-4703 Ext. N/A

FAX: 509-325-3971

Account Manager Signature: _____ Date: _____ (Required)

Important Notice: No Applications will be processed without an AOPS number, Customer signature, Account Manager Signature or BSD contact information.

Fax Completed Application to: 888-438-9066	PLEASE NOTE: Both Pages of Application Must be completed in order to process the application. <i>Thank you!</i>
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