180 Glenn Bridge Road, Arden, NC 28704
Arden Phone: 828.681.8797
372 S. Broad Street, Brevard, NC 28712
Brevard Phone: 828.883.2676
Toll Free: 800.273.6815
Fax: 828.681.5933
www.HoyleOS.com

ACCOUNT APPLICATION

ACCOUNT TYPE

❒ COD ❒ Credit Card * Fill out top portion & sign bottom

❒ Invoice – NET 30 Days * Provide References

Billing		**Shipping**	
Organization:		Organization:	
Contact:		Contact:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Fax:		Fax:	
PO Required: ❒ Yes ❒ No	Tax Exempt: ❒ Yes ❒ No County:		Tax ID#:

Bank Reference	
Bank:	Phone:
Checking Acct #:	Savings Acct #:

Business References (Minimum Of Three) * **Credit Card & COD Accounts Skip To Next Section**		
Organization:	City:	
Address:	State:	Zip:
Phone:	Fax:	
Organization:	City:	
Address:	State:	Zip:
Phone:	Fax:	
Organization:	City:	
Address:	State:	Zip:
Phone:	Fax:	

Credit Card Accounts *Invoice Accounts Are Not Required To Provide Credit Card Information	
Credit Card#:	Expiration Date and CSV code:
Name on Card:	Zip code Card is billed to: Type: ❒Visa ❒Master Card ❒ American Express ❒Discover

IMPORTANT: PLEASE SIGN BELOW SO WE CAN SERVE YOU QUICKLY AND EFFICIENTLY.

I understand by signing below, I consent to receive communications sent by or on behalf of Hoyle Office Solutions by way of U.S. mail, e-mail, telephone or fax. I understand that Hoyle Office Solutions will not share this information with any outside organizations. My preferred method of communication is:

Fax: ❑ E-mail: ❑ E-mail Address: _____

Signature: _____ Date: _____

ACCOUNT AGREEMENT

I certify all the information on this form is correct, and I fully understand your credit terms are NET 30 days. I agree to the proper payment in consideration of extended credit.

Signed: _____ Title: _____

Date: _____ **FAX TO 828-681-5933 EMAIL sales@hoyleos.com**