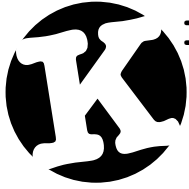


Attention:

Date: _____

New Acct #: _____



KEETON'S OFFICE SUPPLY CO., INC.

817 Manatee Avenue West • Bradenton, FL 34205

Ph: 1-800-833-4735 • Fax: 1-800-833-4786

Application For Account

(All purchases paid for by customers credit card)

Company Name: _____

Billing Address: _____ Ph:(____) _____ Fax:(____) _____

County: _____ City: _____ State: _____ Zip: _____

Delivery Address: _____ Ph:(____) _____ Fax:(____) _____

Sales Tax Rate (of delivery address): _____ % City: _____ State: _____ Zip: _____

(If sales tax exempt, please attach copy of current certificate) ♦ (Please notify us of any tax rate changes)

Credit Card Number* _____ Exp. Date _____

*If you wish, you may call in your credit card information. _____

Additional Information (Delivery times, Landmarks, etc.): _____

PO Required? _____ Contact person: (Acct.) _____ (Mgr.) _____

Persons allowed to charge (Names): _____

I do do not wish to receive sales flyers and promotional ads at satellite branches or departments.

I agree to pay all charges according to credit card issuer agreement. All approved merchandise returned for credit will be credited back to the original credit card number. I agree to keep current my credit card information that is on file with Keeton's Office Supply Co., Inc.

Date

Signature of Owner or Officer

Title

Please Print Name

OFFICE USE ONLY

S: _____ % Program(s): _____ Route: _____ Sort Order: _____

AQ AL ML Depts. Salesman No: _____ Entered by: _____ Date: _____