



CREDIT APPLICATION

23303 La Palma Avenue
Yorba Linda, CA 92887-4773
800.859.0128
FAX 714.692.7409

Account Executive _____ Account Number _____

Full Legal Name _____

Trade Name or D/B/A _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Date Business Started _____

Type of Business _____ Amount of Credit Requested: \$ _____

Number of Office Employees _____ D-U-N-S # _____

Resale # _____ (Attach Certificate)

Billing Email _____ Federal Tax I.D. # _____

Ownership: Proprietorship _____ Partnership _____ Corporation _____

Owner/Officer (1)	_____	_____	_____	_____	_____
	Name	Title	Phone	Home Address	Social Sec. #

Owner/Officer (2)	_____	_____	_____	_____	_____
	Name	Title	Phone	Home Address	Social Sec. #

A/P Contact	_____	_____	_____	_____
	Name	Email	Phone	Fax

Bank	_____	_____	_____	_____	Checking <input type="checkbox"/>
	Name/Branch	Phone / Fax	Account Number		Savings <input type="checkbox"/>

Address	_____	_____	_____	_____	Checking <input type="checkbox"/>
			Account Number		Savings <input type="checkbox"/>

Trade References

1) Name _____ 2) Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Account # _____ Account # _____

Phone _____ Fax _____ Phone _____ Fax _____

3) Name _____ 4) Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Account # _____ Account # _____

Phone _____ Fax _____ Phone _____ Fax _____

I understand that the information furnished you is for the purpose of requesting credit from your firm, and that I am authorized, in my capacity, to bind my firm accordingly. I hereby authorize the banks, secured parties, trade references and others listed above to release information regarding our accounts.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ THE TERMS AND CONDITIONS ON THE BACK AND HEREBY AGREE TO THEM.

Company _____ Date _____

Signed By _____ Title _____

TERMS & CONDITIONS

1. Terms of payment. All accounts are payable in U.S. funds at net 30 days at the premises of Office Solutions Business Products and Services, Inc. (OS) unless otherwise agreed in writing. Payments on account by the Purchaser may, at OS's option, be applied to the oldest unpaid items on account in order of original sale. Purchaser's financial responsibility is at all times subject to approval of OS's Credit Department. At any time OS believes that the financial responsibility of the Purchaser is impaired, OS shall have the right to cancel orders, discontinue shipments, require payment in advance and/or require satisfactory security to guarantee that invoices will be paid promptly when due. All payments shall be due in full in accordance with terms stated on the face of the invoice.
2. Late fees, Default and Returns. A late charge of 1.5% per month will be assessed on delinquent balances. In the event of any default in payment purchaser shall pay all attorney fees and/or other collection costs equal to 25% of the remaining balance, which the parties agree are reasonable, whether or not litigation is initiated. Any returns must be approved by OS, and may be subject to a restocking fee.
3. Limitation on warranties. OS makes no warranty or representation, either express or implied, to the fitness for particular purpose, quality, design, condition, capacity, suitability, merchantability or performance of the equipment or the material or workmanship. In no event shall OS be liable for consequential or incidental damages. No warranty shall be binding upon OS unless a duly authorized officer or representative signs it.
4. Change of Address and Billing Inquiries. Customer will give prompt written notice to Office Solutions Business Products and Services, Inc. at 23303 La Palma Ave., Yorba Linda, CA. 92887, of change of a customer's billing address, fax number, or email address so that invoices may be delivered without delay. Any inquiries, disputes, etc. as to any invoice should be mailed to OS at the address listed above.