

CITY OFFICE SUPPLY

4202 Telephone Road
Houston, Texas 77087
Tax ID# 74-1293183

Serving Houston Since 1950
Website: www.cityofficesupply.com

Ph: 713-644-5371
Fax: 713-644-2315
Email: contact@cityofficesupply.com

APPLICATION FOR CREDIT

DATE: _____

LEGAL NAME OF FIRM: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

DELIVERY ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

NATURE OF BUSINESS/CLASSIFICATION: _____

PHONE# _____ FAX# _____ EMAIL: _____

CHECK THE APPROPRIATE SPACES BELOW AND INCLUDE ANY ADDITIONAL INFORMATION

- CORPORATION - Date of Incorporation: ____/____/____
- PARTNERSHIP Circle one GENERAL / LIMITED
- PROPRIETORSHIP Attach a copy of all applicable Assumed Name Certificates (i.e. DBA's)

REGISTERED AGENT: _____ PHONE# _____

ADDRESS: _____

LIST BELOW THE NAME, TITLE, AND ADDRESS OF ALL OFFICERS/GENERAL PARTNERS

NAME _____ TITLE _____ ADDRESS _____

NAME _____ TITLE _____ ADDRESS _____

NAME _____ TITLE _____ ADDRESS _____

PURCHASE ORDER REQUIRED? NO YES
PURCHASES ARE TAXABLE NON-TAXABLE

*** IF NON-TAXABLE YOU MUST ATTACH AN EXEMPTION CERTIFICATE TO THIS APPLICATION**

LIST NAMES OF ALL PARTIES AUTHORIZED TO CHARGE

IT IS THE CUSTOMER'S RESPONSIBILITY TO NOTIFY CITY OFFICE SUPPLY IMMEDIATELY IN WRITING IF THERE ARE ANY CHANGES OR DELETIONS TO THIS LIST. OTHERWISE IT WILL BE ASSUMED THAT THE LISTED PARTIES HAVE YOUR AUTHORITY TO CHARGE PURCHASES TO YOUR ACCOUNT.

BUSINESS REFERENCES - Companies with whom credit has been established.

Note: In order to process your application faster, local references are preferred.

NAME _____ ACCOUNT# _____

CONTACT _____ PHONE _____ FAX# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ ACCOUNT# _____

CONTACT _____ PHONE _____ FAX# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ ACCOUNT# _____

CONTACT _____ PHONE _____ FAX# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK REFERENCE(S)

NAME _____ ACCOUNT# _____

CONTACT _____ PHONE _____ FAX# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ ACCOUNT# _____

CONTACT _____ PHONE _____ FAX# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

* I AUTHORIZE MY BANK/CREDITOR TO RELEASE INFORMATION TO C.O.S.I. _____ SIGNATURE _____

PERSON TO CONTACT CONCERNING PAYMENTS

PERSON TO CONTACT FOR PURCHASE ORDERS

NAME _____ PHONE # _____

NAME _____ PHONE # _____

CASH SALES ARE ACCEPTABLE UNTIL CREDIT IS APPROVED: YES NO

ANTICIPATED MONTHLY VOLUME WITH US: \$ _____

TERMS: ALL BALANCES ARE DUE AND PAYABLE *WITHIN 30 DAYS FROM THE DATE OF INVOICE*

We certify that to the best of our knowledge all information on this application is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We agree to pay all cost of collections, upon failure to abide by these terms, including legal fees and interest charges of 1.5% per month. We also understand that it is our responsibility to notify City Office Supply in writing of any changes to the list of persons authorized to charge our account and failure to do so could result in charges for which we will be responsible.

SIGNATURE _____ DATE _____

NAME (PLEASE PRINT) _____ TITLE _____