

# CITY OFFICE SUPPLY

6049 South Loop East  
Houston, Texas 77033  
Tax ID# 74-1293183

Serving Houston Since 1950  
Website: www.cityofficesupply.com

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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: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### 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**

How would you prefer to receive accounting information?  Email  Fax  Mail

### 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.**



WWW.CITYOFFICESUPPLY.COM

# BUSINESS REFERENCES - Companies with whom credit has been established.

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

BUSINESS NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

## BANK REFERENCE(S)

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

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PERSON TO CONTACT FOR PURCHASE ORDERS

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**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 OF COMPANY OFFICER \_\_\_\_\_ OR DIRECTOR ONLY \_\_\_\_\_ DATE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_