

Complete Office Solutions, Inc.

BUSINESS CREDIT APPLICATION

PLEASE FILL OUT AND FAX BACK TO 626-329-4811

Business Information	Legal Business Name		
	Physical Address/City/State/Zip Code		
	Billing Address/City/State/Zip Code (if different)		
	Business Phone Number	Fax Number	Years in Business
	Principal 1. Name:		SS#
			Email:
	Principal 2. Name:		SS#
			Email:
	Name of Office Equipment Purchaser:		Email:
	Name of Office Products Purchaser:		Email:
	A/P Contact Name:		Email:
	I.T. Department Contact Name:		Email:
	Type Of Business	Federal Tax ID #	Contact
<input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> State or Local Gov't <input type="checkbox"/> Corporation <input type="checkbox"/> Non Profit			
Bank Reference	Bank Name	Phone Number	Account Number
	Address/City/State/Zip Code		
Trade References	Reference #1 Company Name	Phone Number	Account Number
	Address/City/State/Zip Code		
	Reference #2 Company Name	Phone Number	Account Number
	Address/City/State/Zip Code		

I/We acknowledge receipt of notice in compliance with the Federal Equal Credit Opportunity Act if applicable. The foregoing application has been carefully read and is in all respects complete, accurate and truthful. This Application is made to Complete Office Solutions, Inc. for the purpose of obtaining credit from you, or as a basis of credit for future business, the following complete statement is made: It is agreed that I/We will notify you promptly, should there be any material change in my financial condition or financial condition of the business. I understand that I will be responsible for all collection costs should I default on payment. This application is given for your sole use and information, and is not to be divulged or used by anyone else provided, however, that the undersigned hereby authorizes the above named bank(s), trade and/or other credit reference(s) to release such information as is necessary to establish credit with you. The undersigned, a guarantor, hereby authorizes and consents to Complete Office Solutions, Inc. requesting my credit report.

Signature

Printed Name and Title

Date