



CONSOLIDATED OFFICE SYSTEMS
"Offering you the most Complete Office Support since 1973"

840 W. RHAPSODY • SAN ANTONIO, TX 78216
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RETURN ORIGINAL TO THE ATTENTION OF:
ACCOUNTING DEPARTMENT

YOUR SALES REP: _____

APPLICATION FOR CREDIT

Firm Legal Name: _____

Trade Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____ Ext. _____ Fax: _____

Billing Address: _____

CHECK ONE PLEASE: Corporation Partnership Sole Proprietor Other _____

Federal ID# _____ or SS# _____

OFFICERS/OWNERS -

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

AUTHORIZED BUYERS -

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

PERSON TO CONTACT REGARDING FINANCIAL MATTERS: _____

DATE BUSINESS STARTED: _____ YEARS IN BUSINESS: _____ YEARS AT ADDRESS: _____

DUNN & BRADSTREET LISTING: YES NO IF YES, PLEASE FURNISH # _____

TAXABLE: YES NO IF NOT, PLEASE FURNISH TAX EXEMPT FORM.

ESTIMATED MONTHLY PURCHASES: _____ ARE PURCHASE ORDERS REQUIRED? YES NO

TRADE REFERENCES -

Name: _____ Phone: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

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Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Any and all information is submitted for the purpose of obtaining credit and is warranted to be true. The undersigned (i.e. the corporation, partnership, sole proprietorship, or other legal entity for whom credit is being requested, hereinafter referred to as Applicant) authorizes Consolidated Office Systems® to investigate the references and statements furnished above and to obtain and investigate other information for the purpose of making a judgement on Applicant's credit worthiness and financial responsibility. In consideration of being extended credit by Consolidated Office Systems®, Applicant agrees to pay in full to the order of Consolidated Office Systems® at its office in Bexar County, Texas all charges for service and merchandise pursuant to the terms explained by Applicant's representative. The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this agreement and further agrees to its terms regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked except by written agreement with creditor.

NOTE: YOU CAN HELP US CONSIDERABLY BY ATTACHING A COPY OF YOUR LATEST FINANCIAL STATEMENT.

PAYMENT TERMS -

1. Our credit terms are net 30 days from date of invoice, or by the 10th day of the month following statement date.
2. An account becomes delinquent after 31 days from date of invoice, or by 11th of month following statement date.
3. An account may be placed on credit hold if any invoices become delinquent.
4. Credit privileges will be denied if an account becomes continuously delinquent.

I have read and agree to the above terms.

DATE _____

OFFICER SIGNATURE _____

OFFICER NAME PRINT _____

TITLE _____

BANK REFERENCE -

Name: _____ Phone: _____ Account #: _____

Address: _____ Contact: _____

City: _____ State: _____ Zip: _____

"I authorize my bank to release any information requested by Consolidated Office Systems® on this credit application".

Signature _____ Title _____ Date _____

Company Name _____

FIRST ORDER TO BE PAID BY:

- CREDIT CARD CHECK / CASH

FOR OFFICE USE ONLY

Approved Date _____ Credit Limit _____

Not Approved Reason _____

COD Only Reason _____