

Credit Application

Legal Business Name: _____ Date: _____

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

Phone Number: _____ Fax Number: _____ Web Address: _____

Type of Account Business Organization # of Years in Business

Retail: _____ Corporation: _____ _____

Wholesale: _____ Partnership: _____

Sole Proprietor: _____

Owner / Partner / Officer Name Title Address

Authorized Buyer P.O.# Required Yes No

Bank References

Name: Address: City / State / Zip Phone Number Fax Number

Vendors:

This application is for the purpose of obtaining open credit up to \$750.00

Taxable—Yes No If no please attached copy of tax exempt form.

Authorized persons to charge to account: _____

By signing the below you represent that your business is a valid business entity and that you are an authorized representative of the business with authority to enter into contractual agreements. I hereby agree to pay within 30 days of invoice date, total invoice amount. I understand that invoices not paid within 30 days of invoice date will be assessed a 1.5 % finance charge. The maximum amount of carrying charges shall not exceed those permitted by the Revised Code of Ohio. I hereby authorize RS Business Machines, Inc. (DBA Osupplies.com and RS) or any credit bureau or other investigative agency employed by such organization, to investigate the references, statements and/or other data obtained from this application. I agree to all terms and conditions of the agreement set forth above.

Authorized Signature: _____ Date: _____

Title: _____

Fax, mail or email signed copy to setup@osupplies.com