



Application of Credit

Name of Firm or Individual

Address

Years at this address

City, State, Zip Code

Area Code, Phone Number

Fax Number

**PLEASE READ THE FOLLOWING CAREFULLY:**

THE ABOVE NAMED COMPANY OR INDIVIDUAL HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF OFFICE RELIEF, INC., 516 MCCORMICK STREET, SAN LEANDRO, CA 94577.

OUR TERMS ARE NET 30 DAYS FROM THE DAY OF DELIVERY. ALL MERCHANDISE WILL REMAIN THE PROPERTY OF OFFICE RELIEF, INC. UNTIL THE INVOICE IS PAID IN FULL. INTEREST RATE AFTER 30 DAYS WILL ACCRUE AT 1.5% PER DAY OR MONTH.

**THE FOLLOWING INFORMATION MUST BE PROVIDED. THIS WILL BE HELD IN THE STRICTEST OF**

**CONFIDENCE. OWNERSHIP:** CORPORATION PARTNERSHIP INDIVIDUAL FEDERAL TAX ID#:

**PLEASE PROVIDE A W9 FORM- FAX TO 866-793-4616**

FINANCE:

BANK NAME

PHONE NUMBER

BANK OFFICER OR DEPARTMENT

ACCOUNT NUMBER

**TRADE REFERENCES: PLEASE SUPPLY REFERENCES TO RECEIVE THE MAXIMUM CREDIT**

BUSINESS NAME/ CONTACT	ADDRESS	PHONE/ FAX#
1.		
2.		
3.		
4.		

I AUTHORIZE OFFICE RELIEF, INC. TO CONTACT THE ABOVE LISTED REFERENCES TO OBTAIN CREDIT INFORMATION. I UNDERSTAND THAT SHOULD THE APPLICATION FOR CREDIT BE APPROVED, PAYMENT IS TO BE MADE ACCORDING TO THE TERMS AS FOLLOWS:

CREDIT TERMS: PAYMENT IS DUE WITHIN 30 DAYS OF DELIVERY; DELIQUENT ACCOUNTS ARE SUBJECT TO LATE PAYMENT CHARGE OF 1.5% PER MONTH. SHOULD COLLECTION PROCEEDINGS BE REQUIRED TO EFFECT COLLECTION, I UNDERSTAND THE COST OF COLLECTION WILL BE ADDED TO BALANCE ON ACCOUNT.

**APPLICATION MUST BE SIGNED OR IT WILL NOT BE PROCESSED.**

DATE:

AUTHORIZED SIGNATURE:

TITLE: