



**CONSOLIDATED OFFICE SYSTEMS**

"Offering you the most Complete Office Support since 1973"

840 W. RHAPSODY • SAN ANTONIO, TX 78216  
P.O. Box 461345, San Antonio, Texas 78246-1345  
(210) 377-3500 • Fax (210) 377-3541 • 1-800-388-4843

**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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

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 \_\_\_\_\_