

Office Resource Center

office, computer & copier supplies
furniture & printing
10751 Sentinel Drive
San Antonio, Texas 78217
Phone: (210) 650-5002
Fax: (210) 650-5016



Date: _____

Account # _____

APPLICATION FOR CREDIT

Name of Business: _____ Sales Rep: _____

Other Business Names: _____ Telephone: _____

Street Address: _____ Fax: _____

City, State & Zip: _____

Billing Address: _____

Attention: _____

Tax Exempt: Yes No State: _____ **If tax exempt, please attached justification**

BUSINESS PROFILE: Number of Employees: _____

Type of Business: _____ Average Monthly Purchases Anticipated: _____

Number of Years in Business: _____ Years in Business with Present Owner: _____

The following information must be completed in full and signed. It will be held in the strictest confidence.

OWNERSHIP Corporation State Incorporated _____ Federal Tax I.D. # _____

(COMPLETE THIS SECTION ONLY IF YOUR COMPANY IS A CORPORATION)

Name of Principal(s) Home Address Home Phone

1. _____

2. _____

OWNERSHIP (Check one) Partnership Sole Proprietorship Professional

Name of Principal(s) Home Address Home Phone Social Security # Drivers License #

1. _____

2. _____

3. _____

(Over)

Principal Contact Regarding Payment:

| Name | Address | Phone Number |
|------|---------|--------------|
|------|---------|--------------|

Major Trade References: (List only those you have bought from within the last year.)

- | | |
|--|--|
| 1. Name: _____ Address: _____ City, State, Zip: _____ Telephone Number: _____ Contact: _____ | 2. Name: _____ Address: _____ City, State, Zip: _____ Telephone Number: _____ Contact: _____ |
| 3. Name: _____ Address: _____ City, State, Zip: _____ Telephone Number: _____ Contact: _____ | 4. Name: _____ Address: _____ City, State, Zip: _____ Telephone Number: _____ Contact: _____ |
-

Bank References

| | |
|---|-------------------------|
| Name: _____ | Bank Officer: _____ |
| Address: _____ | Telephone Number: _____ |
| City, State, Zip: _____ | |
| Type of Accounts: <input type="checkbox"/> Business Acct. # _____ | |
| <input type="checkbox"/> Regular Acct. # _____ | |

CONDITIONS OF SALES AND TERMS OF PAYMENTS

In consideration for any extensions of credit, Purchaser agrees to pay interest on any unpaid billings, at the rate of 18% A.P.R., beginning thirty (30) days after the date of the invoice. The Purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection.

| Date | Authorized Signature | Title |
|------|----------------------|-------|
|------|----------------------|-------|

NOTE: To support this application for credit, please enclose your resale tax certificate only if you are claiming tax exemption status.

| | |
|------|--|
| Date | Office Resource Center Credit Manager |
|------|--|

Account # _____

Rev 12.10.2003