



CREDIT APPLICATION

608 Mateo St
Los Angeles, CA 90021
800-993-4257
FAX 213-626-6861

Account Executive _____ Account Number _____

Full Legal Name _____

Trade Name or D/B/A _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Date Business Started _____

Type of Business _____ Amount of Credit Requested: \$ _____

Number of Office Employees _____ D-U-N-S # _____

Resale # _____ (Attach Certificate)

Billing Email _____ Federal Tax I.D. # _____

Ownership: Proprietorship _____ Partnership _____ Corporation _____

Owner/Officer (1) _____

Name Title Phone Home Address Social Sec. #

Owner/Officer (2) _____

Name Title Phone Home Address Social Sec. #

A/P Contact _____

Name Ema Phone Fax

Bank _____ Checking

Name/Branch Phone / Fax Account Number

Savings

Address _____ Checking

Account Number

Savings

Trade References

1) Name _____ 2) Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Account # _____ Account # _____

Phone _____ Fax _____ Phone _____ Fax _____

3) Name _____ 4) Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Account # _____ Account # _____

Phone _____ Fax _____ Phone _____ Fax _____

I understand that the information furnished you is for the purpose of requesting credit from your firm, and that I am authorized, in my capacity, to bind my firm accordingly. I hereby authorize the banks, secured parties, trade references and others listed above to release information regarding our accounts.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ THE TERMS AND CONDITIONS ON THE BACK AND HEREBY AGREE TO THEM.

Company _____ Date _____

Signed By _____ Title _____

TERMS & CONDITIONS

1. Terms of Payment: All accounts are payable in U.S. Funds and are net 30 days at our offices unless otherwise agreed in writing. Payment may at our digression be applied to the oldest unpaid invoices on account order of original sale . Purchaser's financial responsibility is at all times subject to the approval of SOS's credit department. If at any time SOS believes that the financial responsibility is impaired, SOS shall have the right to cancel orders, discontinue shipment, require payment in advance of require satisfactory security to guarantee that invoiced will be paid promptly when due. All payments shall be due in full in accordance with terms stated on the face of the invoice.
2. Late fees and Default: A late charge of 1.5% per month may be assessed on delinquent balances. In the event of any default in payment, the purchaser shall pay all attorney fees and other collection costs equal to 25% of the remaining balance, which the parties agree are reasonable.
3. Returns and credits: All returns must be approved by SOS in advance of their return, and may be subject to a restocking fee between 10% and 25% depending on the period of time between the purchase and the requested return. This will apply to all returns more than 30 days after purchase. Items returned without prior authorization will delay the credit processing.
4. Change of Address and Billing Inquiries: Customer will give a prompt written or email notice to Systematic Office Supply of changes of billing addresses, phone or fax numbers, email addresses and changes in authorized buyers. Send inquires to: Systematic Office Supply, 608 Mateo St, Los Angeles, CA. 90021.