



OFFICE PRODUCTS

TF 1.888.322.7674 L 1.801.486.7711

www.rosiop.com

Business Credit Account Application

Please Print, Sign And Fax This Completed Application To: 1-801-486-5558
or 1-801-484-0089 Email to Andy@rosiop.com

Business Credit Information

Full Legal Business Name _____ DBA _____

Business Phone Number _____ Business Fax Number _____

Street Address (cannot be a P.O. Box) _____ City _____ State _____ Zip + 4 _____

Billing Address (if different from above) _____ City _____ State _____ Zip + 4 _____

Person to contact regarding the Purchasing _____ E-mail Address _____

Parent Company _____ Parent Co. Phone number _____

Parent Co. Address _____ City _____ State _____ Zip + 4 _____

Federal Taxpayer ID Number (required) In Business Since: _____ Company Annual Revenue
 Less than \$1,000,000 Greater than \$1,000,000

No. Of Employees 1-4 5-9 10-14 15-24 25-49 25-49 50-99 100-499 500 +
Legal Structure Corporation Sub S Corp Limited Liability Sole Proprietorship
 Non Profit Government

Principals and/or Partners

Name _____ Name _____
Title _____ Title _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Phone _____ Phone _____

Bank References

Bank Name _____ Phone _____
Address _____ Fax _____
City/State/Zip _____ Contact _____

Credit References

Name _____ Contact _____
Address _____ Phone _____
City/State/Zip _____ Account Number _____

Name _____ Contact _____
Address _____ Phone _____
City/State/Zip _____ Account Number _____

Name _____ Contact _____
Address _____ Phone _____
City/State/Zip _____ Account Number _____

Payment Options

Charge account: An automatic temporary credit limit of \$250.00 will be set on your account. Our terms of sale are: **Net 30 days**. The full invoice amount must be received within thirty days of invoicing. This is based upon credit approval.

Credit Card: Select Type of card to use.
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

If you choose the credit card option we will call for the number upon opening the account.

Is this company Sales Tax Exempt? NO Yes

If sales tax exempt please provide a sales tax exempt certificate when returning this application.

Does your company require a purchase order? NO YES

Desired credit limit? _____

TERMS: Net 30 days. The full invoice amount must be received within thirty days of invoicing. Title to merchandise remains the property of Reliable Office Services Inc., (DBA) ROSI Office Products until paid in full. All name, address or ownership changes in your company must be communicated in writing, within 10 days. Credit privileges may be withdrawn at any time without invalidating the terms of the agreement. Claims for billing and adjustments or billing errors must be made within 30 days of invoice date, or charges will be considered accepted. Finance charges may be added consisting of a periodic fee added on each statement. The finance charge is computed by a **“PERIODIC RATE”** AT 2% per month on all account balances due over thirty days from invoice date, which is an **ANNUAL PERCENTAGE RATE OF 24%**. Accounts that go into 30 + days may be put on credit hold if other arrangements are not made. Reasonable collection or attorney fees and court costs may be charged if the agreement is referred to an attorney or collection agency.

Accounts Payable Contact _____

E-Mail Address _____ Phone _____ Fax _____

The information is for the purpose of obtaining credit and is warranted to be true. We agree to the terms stated above. I/We hereby authorize the person or firm to whom this application is made or to any credit bureau to investigate the references herein listed. We agree to pay in full within your terms of sale, which are **Net 30 days** of the invoice date.

The signature below must be that of a corporate officer or entity owner. Please specify title.

Signed _____ Title _____ Date _____

Print Name _____

**THE ABOVE INFORMATION MUST BE PROVIDED
THIS IS HELD IN CONFIDENCE**