



**e-Infrastructure Solutions**

**Credit Application**

Business Name: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Type of Business: \_\_\_\_\_ Date Established \_\_\_\_\_

Business Operates As: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Name and Address of Principal Owners or Officers:**

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

**Financial Information:**

Will you pay sales tax?  Yes  No (If answer is no, Certificate of Resale must be attached or sales tax must be charged.)

Credit Line Requested \$ \_\_\_\_\_ P. O. Required?  Yes  No

Dun & Bradstreet # \_\_\_\_\_

**Credit Reference:** Name, address and telephone numbers of three (3) references:

Name	City/State	Phone/Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Bank Reference:**

Name of Institution \_\_\_\_\_ Contact \_\_\_\_\_

Account # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Sales Agreement:**

The undersigned in consideration for the terms of sale herein and for the extension of credit by OfficePerfect Inc., hereby agrees that the terms of sale are Net 30. Payment for materials purchased during the month becomes due 30 days from the date of the invoice and becomes past due on the 31<sup>st</sup> day after the date of the invoice. OfficePerfect reserves the right to add a service charge of 1 1/2% per month (18% annum) on any past due balance. In the event of default of payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fee, whether or not suit be brought and including fees incurred in any appeals or bankruptcy proceedings. The undersigned expressly agrees that regardless of place of payment, all suits at law or in equity for any breach of this agreement or for default in payment shall be instituted and maintained in any court of competent jurisdiction in Alameda County, California. The undersigned does hereby certify that the information contained above is true and correct and further agrees that any changes in ownership or officers or form that the business operates shall be made known to OfficePerfect, Inc. This notice shall be in writing and mailed via Certified U.S. Mail to OfficePerfect, Inc.

*OfficePerfect Inc. reserves the right to extend credit terms. We make every effort to reply to your request in a timely manner. Please fax completed form to Accounting at (253) 484-5441.*

The applicant hereby grants permission to OfficePerfect, Inc. to obtain from any source any information related to its credit standings.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

**OfficePerfect Inc.**  
793 S. Tracy Blvd., Suite 130  
Tracy, California 95376  
Phone: (888) 923-8085  (253) 484-5441 Fax  
accounting@officeperfect.com