



**Business & Computer Products
Ergonomic & Systems Furniture
Office Equipment & Accessories
Printing & Specialty Advertising
Facility & Maintenance Supplies**

Credit Application

CREDIT APPLICATION

604 Price Avenue – Redwood City, CA 94063-1412 Tel: 650-364-4311 Fax: 650-364-2677
 2495 Station Drive – Stockton, CA 95215 Tel: 209-444-5400 Fax: 209-444-5400
 933 Sixth Street – Los Banos, CA 93635 Tel: 209-826-2324 Fax: 209-826-2550

E-Mail: TOC@theofficecity.com
 Toll Free: 877-484-3633
 Toll Free Fax: 877-764-3900

COMPANY INFORMATION

Company Name: _____
 Address: _____
(Street & Address) (City/State/Zip)
 Phone: _____ Fax: _____

Type of Business: _____ Number of Years in Business: _____ Number of Employees: _____
 Dun & Bradstreet # (If listed): _____ Tax Exempt? (check one): Y ___ N ___ (Please Attach Tax Certificate)
 Payment Method Preferred (check one): Credit Card ___ EFT ___ ACH ___ Check ___
 Amount of Credit Desired: \$ _____
 Business Structure (check one): Corporation ___ Partnership ___ Sole Owner ___
 If Branch or Division, give name of parent company and home office address: _____
 Principal Owners – Stock Holders – Partners – Officers of Company:

(Name)	(Address – City/State/Zip)	(Title)
(Name)	(Address – City/State/Zip)	(Title)
(Name)	(Address – City/State/Zip)	(Title)

Accounts Payable Contact: _____
 Phone: _____ Fax: _____ E-Mail Address: _____
 Name(s) of persons authorized to charge: _____

REFERENCE INFORMATION

TRADE REFERENCES

(Name)	(Address – City/State/Zip)	(Phone/Fax)
(Name)	(Address – City/State/Zip)	(Phone/Fax)
(Name)	(Address – City/State/Zip)	(Phone/Fax)

BANK REFERENCES

(Bank Name)	(Branch Name)	(Contact)	(Address – City/State/Zip)	(Phone/Fax)
(Bank Name)	(Branch Name)	(Contact)	(Address – City/State/Zip)	(Phone/Fax)

CREDIT TERMS INFORMATION

By submitting this completed and signed credit application you acknowledge acceptance of T.H.E. Office City's credit terms. Accounts paying by invoice must submit payment within 30 days of invoice date. Accounts paying by semi monthly or monthly statement must submit payment within 10 days of statement date. Late payments will be assessed a finance charge, and may be placed on credit hold at the discretion of T.H.E. Office City. All inquiries regarding invoices or statements should be directed to the Accounting Department at (209) 444-5400, extension 442 or 407. We look forward to working with you as a valued business partner.

Signature of Authorized Agent: _____ Title: _____