



OSS
ONE STOP SYSTEMS

2235 Enterprise Street, Suite #110
Escondido, CA 92029
FAX: (760) 745- 9824

Credit Application

Customer ID #: _____

Confidential Credit Application

Firm Name: _____

Form of Business Organization:

Billing Address:

____ Sole Proprietorship ____ Partnership

____ Corporation ____ LLC

Year Business Established: _____

State of Incorporation: _____

Phone Number: _____

Resale Number: _____

FAX Number: _____

(Please enclose a copy of your Resale Card)

Ship to Address:

Accounts Payable Contact: _____

Accounts Payable Phone #: _____

Principal Owners, Partners or Officers: List home address and zip code for partnership or proprietorship.

Name

Title

Address

Trade References:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Contact: _____

Contact: _____

Customer ID Number: _____



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Credit Application

Trade References (continued):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Contact: _____

Contact: _____

Bank References:

Bank Name: _____

Phone Number: _____

Fax Number: _____

Mailing Address: _____

Account Number: _____

Type of Account: _____

Account Number: _____

Type of Account: _____

Unless otherwise stated or agreed upon, the invoice shall be payable within 15 days from the billing date. In the event of non-payment, the customer agrees to pay all collections costs and attorney's fees incurred by the company in the collection of outstanding amounts due.

I hereby authorize the release of credit information to One Stop Systems' credit department.

I have read and agreed to the terms stated above.

Federal ID Number

Print or Type Name of Person Signing Form

* Social Security Number
(* Required only if Company
is another form of business
other than a Corporation)

Signature (must be signed by officer or principal of firm)

Title: _____

Date: _____
