



Company Name: \_\_\_\_\_

Registered Company Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ DUNS: \_\_\_\_\_

Resale Number (please provide copy of certificate(s)): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation  Other

Credit Limit Requested: \_\_\_\_\_

## Contact Information

AP Contact Name: \_\_\_\_\_ AP Contact E-mail: \_\_\_\_\_

AP Contact Phone: \_\_\_\_\_ AP Contact Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Is electronic invoice submission required?  Yes  No Portal Link: \_\_\_\_\_

Portal Username: \_\_\_\_\_ Portal Password/Pin: \_\_\_\_\_

## Banking Information

Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account  Checking  Savings

## Business/Trade References

Please provide the link to your electronic file, attach your standard references, or complete section below

Electronic Link: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_



Customer Name: \_\_\_\_\_

Continued:

## Agreement

1. All invoices shall be paid within 30 days from the billing date, unless otherwise stated or agreed upon.
2. Claims arising from invoices must be made within 7 business days of billing date.
3. By submitting this application, you authorize One Stop Systems, Inc. to make inquiries into the banking and business/trade references that you have supplied.

## Signature

**Must be signed by an officer or principal of the company**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_