

CENTRAL
OFFICE SOLUTIONS, INC.

47-51 33rd Street 3rd Floor
Long Island City, N.Y. 11101
Phone: 718-247-9690 Fax: 718-247-9688
800-285-3670
www.shopcos.com,

CREDIT APPLICATION

Company Name: _____

Legal Name or DBA: _____

Contact Person/Title: _____

Address: _____

Phone #: _____ Fax #: _____ Email Add: _____

Number of Years at this Location: _____

Federal Tax ID or SS #: _____ No. of Employees: _____

Type of Business: _____ Date Established: _____

Types of Products you will Purchase: _____

Accounts Payable:

Name of Accounts Payable Supervisor or
Controller: _____ Title: _____

Phone number: _____ Fax Number: _____

Email Address: _____

Are you a:

Corporation Partnership Sole Proprietorship Other: _____

Are you Sales Tax Exempt? Yes No

CREDIT REFERENCES:

Reference #1 Company: _____

Address: _____

Contact _____ Phone _____ Fax: _____

We Are Always Here for You!

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Reference #2

Company _____

Address: _____

Contact _____ Phone _____ Fax: _____

Bank References:

1. _____ Acct: _____

Address: _____ Phone: _____

Contact: _____ Fax: _____

2. _____ Acct: _____

Address: _____ Phone: _____

Contact: _____ Fax: _____

PLEASE READ CAREFULLY:

I, the undersigned, certify that I am a Corporate Officer, Partner, or the individual named herein empowered to make such agreements, do hereby apply for an account with Central Office Solutions Inc., and acknowledge the terms of the sale .

Past Due accounts subject to service charge of 1.5% per month ; and do agree to pay all service charges at the above stated rate on any unpaid past -due balance, as well as any additional costs that may become necessary to affect collection should this account become delinquent. I further agree, to be responsible for any merchandise ordered and (or) received by any person in this firm's employ and will hold Central Office Solutions blameless for any employee's misconduct. I further understand that this application may be returned without approval because of incompleteness of any of the above sections.

Signature appearing on checks:

Applicant's Signature

Name(Please Print)

Name (Please Print)

Title _____

Title _____

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