

# OFFICE STAR PRODUCTS

Attn: Credit Department  
 1901 S. Archibald Avenue  
 Ontario, California 91761

Fax (909) 930-5748 Email: Credit@officestar.net

## CREDIT APPLICATION

Full Legal Name:		DBA		OSP Sales Rep	
				OSP Sales Mgr.	
Street Address			City	State	Zip
Mailing Address			City	State	Zip
Phone Number	Fax Number	E-mail		Accounts Payable Contact	
Date Established	Nature of Business			# of Employees	
Resale No. (copy required)		Federal ID No.		Duns No.	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual	

### PRINCIPALS

### TITLE


Have any of the Owners, Officers or partners ever filed for protection under Bankruptcy Laws?

Yes \_\_\_\_ No \_\_\_\_

Are any of the assets of the company pledged as security for debt?

Yes \_\_\_\_ No \_\_\_\_

Estimated monthly purchases with Office Star Products \$ \_\_\_\_\_

Have you ever been a customer of Blumenthal Distributing/Office Star Products?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide us with former account name used: \_\_\_\_\_

### TRADE REFERENCES

Name	Phone
Address	Fax
City, State, Zip	Email

### TRADE REFERENCES

Name	Phone
Address	Fax
City, State, Zip	Email

**TRADE REFERENCES**

Name	Phone
Address	Fax
City, State, Zip	Email

**BANK REFERENCE**

Name	Phone
Address	Email
	Contact
City, State, Zip	Savings # (required)
	Checking # (required)

The information listed above is provided for the purpose of assisting Blumenthal Distributing/Office Star Products in the assessment of the applicant's credit worthiness. All credit purchases are at Blumenthal Distributing/Office Star Products discretion and any credit availability extended may be terminated at any time at Blumenthal Distributing/Office Star Products discretion. We hereby authorize Blumenthal Distributing/Office Star Products or our agent to contact and investigate all references and banks listed above. We hereby authorize all references and banks to release requested information to Blumenthal Distributing/Office Star Products or our agent. The applicant agrees to remit payment within the terms that are specified on the face of our invoice. If the payment is not received when due the applicant agrees to pay the highest lawful rate of interest allowed by state law. If the account is placed for collection, the applicant agrees to pay all costs and expenses of collection, including but not limited to, attorney's fees and Court fees. Changes in legal name, form or organization or financial structure must be provided in writing to Blumenthal Distributing/Office Star Products at the address listed above. If a Corporation, this agreement must be signed by an Officer. If a Partnership, this agreement must be signed by all General Partners.

The information and statements in this application are true and complete

Signature (Required)	Print Name	Title
		Date

***MUST BE COMPLETED BEFORE APPLICATION CAN BE PROCESSED***

**\*BANK AUTHORIZATION\***

I/We authorize the release of my/our account information to Blumenthal Distributing/Office Star Products on the following accounts

**Bank Name:** \_\_\_\_\_  
**Checking Account Number (s)** \_\_\_\_\_  
 \_\_\_\_\_  
**Savings Account Number (s)** \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
**Date:**

**Authorized Signer Signature:** \_\_\_\_\_