

Office Use Only	
Acct #	_____
CL	_____
SLSM	_____
LTR	_____
RECD	_____



Credit Application

Complete Office

13465 Gregg St., Poway CA 92064
 Tel: 858 435-7070 Fax: 858 435-7085
 www.completeofficeca.com

Please provide all information and fax to number above

Billing Name	Phone Number	Fax Number	
Street Address (Required)	City	State	Zip
Type of Business	Fed ID Number	Years in Business	
Type of Ownership(Sole Proprietorship,Corporation, LLP)	Date Incorporated	State Incorporated	
Complete Office Sales Representative			

Names of Authorized Buyers (type or print; title, phone/extension)

1. _____
2. _____
3. _____

For your protection notify us immediately of any changes. Information on this document will remain confidential.

1. Our account **terms are Net 30** unless otherwise specified. A late charge will be added to all past due accounts at the rate of one and one-half percent per month or eighteen percent per anum.
 _____ *(Initials required)*
2. If failure to pay according to the terms of this agreement causes this account to be assigned or referred to an attorney for collection, buyer agrees to pay seller's reasonable collection and/or attorney fees and all court costs.
3. To secure full payment of the purchase price of all goods and services, buyer, as debtor hereby grants to seller, as secured party, a purchase money security interest in all goods to be purchased hereunder.

The undersigned hereby certifies that he or she is duly authorized to sign this application on behalf of applicant/buyer, that the information given in this application is true and correct to the best of his or her knowledge and that the applicant/buyer agrees to all ongoing terms and conditions.

Full name of company (type or print)

Date _____

Signature of owner or company officer (required)

Title _____