

# Application for Credit

INSTITUTIONAL ACCOUNTS ONLY

Date \_\_\_\_\_



940 N Central Ave.  
Upland, CA 91786  
Local (909) 982-9695

**To Order**  
**Online** www.shopcmss.com  
**Call** (909) 982-9695 *Mon.-Fri. 6:00-6:00*

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**To Open a New Account**

**Call** (909) 982-9695 *Mon.-Fri. 9:00-4:00, PT*  
**Email** accounting@cmschoolsupply.com

**School/Institution** \_\_\_\_\_ **Year Established** \_\_\_\_\_ **Enrollment** \_\_\_\_\_

Street Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Zip \_\_\_\_\_ Contact Email \_\_\_\_\_ Preferred Email for Statements \_\_\_\_\_

**Federal ID #** \_\_\_\_\_ **State Sales Tax Exempt #** \_\_\_\_\_

Does your organization use purchase orders?  Yes  No (Please include a copy of tax exempt certificate.)

**Owner/Director** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

Address \_\_\_\_\_

**Funding/Sponsoring Agency** (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

**Bills Paid By:**  School  Funding/Sponsoring Agency

**Bank Reference** Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

Financial Institution \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**List three business references below.** (Please do not include personal references, utilities or credit cards.)

**Reference #1** Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Reference #2** Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Reference #3** Account # \_\_\_\_\_ Contact Person \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE SIGN THE STATEMENT BELOW.** Accounts with Net 30-day payment terms will incur a late fee of \$50.00 if payment is made after 30 days from the invoice date. Subsequently, this late fee will compound monthly; for instance, the second month's late payment will include a \$100.00 late fee added to the first month's late fee, and so forth. (The signature should be from an authorized person on your bank account.) I hereby grant permission to the firms listed above to disclose information about my account/credit status to CMSS. I acknowledge and agree to abide by the net 30-day terms from the date of the invoice at CMSS. Please see our privacy policy at shopcmss.com.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_