



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: _____