

Office City, Inc. Account Information, Credit & Credit Card Application

Office City, Inc. • 9349 Dominican Drive • Cutler Bay, Florida 33189 • Telephone (305) 233-8758 • Fax (206)984-4139

Name:	_____		
Address:	_____		

Telephone #:	_____	Fax:	_____
President/Principal:	_____	Treasurer:	_____

== BANK REFERENCES ==

Bank Name	Address	Telephone	Fax #	Officer	Account #

== TYPE OF BUSINESS ==

Corporation

 Partnership

 Proprietorship

Business Started In: _____ Initial Order Size: _____

== TRADE REFERENCES ==

Name	Address	Telephone #	Fax #

Is your business operating as a branch, division, or subsidiary of another corporation? _____

Name: _____ City/State: _____

Signature of Principal: _____ Date: _____

Applicant agrees to pay the full amount of all credit advanced no later than thirty (30) days following the last day of the month in which debt was incurred. Any unpaid balance after thirty (30) days is considered past due and subject to a minimum service charge of 1.5% per month or the maximum permitted by law, whichever is higher. Applicant agrees to pay any and all costs of collection, court costs and reasonable attorney's fees incurred by Office City as a result of applicant's failure to pay any past due balance. This credit may be cancelled at any time for any reason. I declare that this application for credit has been examined by me, that to the best of my knowledge I believe it is true, correct and complete and that I am authorized to execute on behalf of the Applicant.

EXEMPTION CERTIFICATE SALES-USE TAX

State of _____

The undersigned certifies that all tangible personal property which may be purchased from Office City, Inc. by the undersigned is exempt from the sales and/or use tax in the above state for the following reason:

CHECK APPLICABLE EXEMPTION

Non-profit, charitable, religious, scientific, educational, literary, historical, or cemetery organization. The undersigned is the holder of a valid Exemption Permit Number _____ issued pursuant to the laws of the above state and all the tangible personal property purchased or leased will be exclusively for the purpose for which the entity is organized and will not be resold.

Resale in the form of tangible personal property in the ordinary course of business. Purchaser certified that is engaged in the business of selling equipment which it is purchasing in the above state. Registration number in the above state is _____.

Other. Describe reason: _____

The undersigned hereby makes this certificate a part of each order, unless otherwise specified and agrees to pay on demand by Royal and amounts of tax it shall not have charged by reason of this certificate. The certificate shall be effective until revoked by the undersigned by notice in writing to Royal.

Entity Name: _____

Address: _____

City & State: _____

Signature: _____

Title: _____

Date: _____

Office City, Inc.

AUTHORIZATION TO RELEASE

This letter is authorization to allow Office City, Inc., Inc. to contact and investigate any creditor or bank when pursuant to establishing a line of credit or maintaining a line of credit. It is desired that you release any information as requested.

COMPANY NAME

SIGNATURE OF PRINCIPAL

STREET

CITY

STATE

ZIP

Credit Card Authorization

Credit Card:

Number:

3 or 4 digit numbers

Expiration date

COMPANY NAME

SIGNATURE OF PRINCIPAL

STREET

CITY

STATE

ZIP

E-mail or Fax completed form to 206-984-4139

Office City 9349 Dominican Drive Miami, Fl 33189

Phone: (305) 233-8758 or (305) 235-6886

Fax: (206) 984-4139 Email: officacity@gmail.com