



2154 Paragon Drive, San Jose, CA 95131  
(800) 774-6834

Welcome to OneSource Office Systems!

Thank you for choosing OneSource as your business solutions provider. In order to expedite your request, we ask that you complete the Customer Agreement and Credit Application below by filling out the information and returning via fax to (408) 392-9901. To expedite the process, please forward the following items:

1. Signed Customer Agreement
2. Credit Application with Bank and Trade References
3. Resale Certificate Declaration – if applicable (attached)

Please allow 14 days for processing. Should you need to place an order before the application processing is completed, you may pay for orders via credit card. Once processing is completed and if approved, you will be notified and advised of your credit limit, account number and terms, which are available for your use immediately. Should there be any issues with your application, a representative will contact you directly. If you have any questions regarding the forms, please contact the Accounting Department at (408) 392-9900.

We appreciate your business.

OneSource Office Systems  
2154 Paragon Drive  
San Jose, CA 95131

# Customer Agreement

This application and agreement is submitted by applicant to OneSource Printer Service & Supply, Inc., DBA OneSource Office Systems, (OneSource) to obtain trade credit. OneSource reserves the right to decline credit to applicant and in the event credit is extended to applicant, to change or revoke applicant's credit limit on the basis of changes in OneSource credit policies or applicant's financial condition and/or payment record. All sales of products and services by OneSource to applicant will be subject to OneSource standard sales terms and conditions, which are quoted at the time of order. Any variance from those terms and conditions will be effective only if agreed to in writing by OneSource prior to the time the product or services are ordered.

Upon credit approval, customer agrees to make payment in full to OneSource for all amounts due according to OneSource invoice(s). Customer also agrees to pay OneSource, as interest, an amount equal to 1 ½% per month, on unpaid balances not paid within terms. Should customer default in any such payment(s), OneSource shall have the right, without notice to customer, to declare all invoice amounts due and payable. Should terms be extended and the customer's check is returned due to NSF (non sufficient funds), a \$50 NSF check fee will be assessed and the customer's terms will be revoked. The account will be put on a COD basis and only after 6 months of satisfactory payments, will the account be reconsidered for terms. Customer agrees to provide credit card information to remain on file and authorizes OneSource to run the credit card against all open invoices and against any invoices paid with said NSF check. In the event OneSource should commence any action or actions, or otherwise seek to enforce this agreement against customer, customer agrees to pay reasonable attorney(s) fees, court costs and other expenses incurred by OneSource, whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without prior written consent of OneSource. Customer agrees that any change in liability for any debts incurred to OneSource due to a change in customer's form of business, shall not be effective until OneSource receives written notice of the change. Venue shall be in San Jose, California.

Applicant agrees to OneSource terms as noted above, and hereby authorizes the release of credit and banking information to OneSource by the references listed on this application.

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

Officer/Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**COMPANY INFORMATION:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Type of Organization:

( ) Corporation ( ) Partnership ( ) Sole Proprietorship ( ) Non-Profit ( ) Other: \_\_\_\_\_

**Owner/Partner Name:** \_\_\_\_\_ Percent Ownership: \_\_\_\_%

SSN # \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner/Partner Name:** \_\_\_\_\_ Percent Ownership: \_\_\_\_%

SSN # \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Company Web Address:** \_\_\_\_\_

Year Founded: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Net Worth: \_\_\_\_\_

D&B # : \_\_\_\_\_ EIN #: \_\_\_\_\_

Seller's Permit Number (if applicable): \_\_\_\_\_

Requested Credit Amount: \$ \_\_\_\_\_

**BILLING INFORMATION:**

A/P Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Billing Address: (if different than company address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION:**

Cardholder Name: \_\_\_\_\_

Visa / MC / Am Ex # : \_\_\_\_\_

Expiration: \_\_\_\_\_ V-Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REFERENCES: Bank**

**Bank Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Checking / Savings - Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Checking / Savings - Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

**REFERENCES: Trade**

(Trade References: RELATED INDUSTRY PURCHASES DURING LAST 12 MONTHS)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

**State of California  
California Resale Certificate**

**I HEREBY CERTIFY:**

I hold valid Seller's Permit Number \_\_\_\_\_.

I am engaged in the business of selling the following type of tangible personal property:

\_\_\_\_\_.

This certificate is for the purchase from:

**OneSource Printer Service & Supply, Inc.,  
DBA OneSource Office Systems  
2154 Paragon Drive  
San Jose, CA 95131**

For the item(s) listed below.

I will resell the item(s) listed below, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

Description of property to be purchased for resale:

\_\_\_\_\_.

I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

Name of Purchaser	
Signature of Purchaser, Purchaser's Employee or Authorized Representative	
Printed Name of Person Signing	Title
Address of Purchaser	
Telephone Number	Date