



12177 Business Park Dr. #2
Truckee, CA 96161
(530) 587-1620
fax (530) 587-6228
CustomerService@TheOfficeBOSS.com

Date of request _____

APPLICATION FOR ACCOUNT

Company Name: _____

Telephone Number: _____ FAX Number: _____

Email for acknowledging Account Set-up: _____

Names of people authorized to charge to this account: _____

Billing Address

Street/PO Box: _____

City, State, ZIP: _____

Delivery Address:

Street/PO Box: _____

City, State, ZIP: _____

Type of Business: _____

Name(s) of Owner(s) and Social Security Number(s): _____

Bank: _____ Account #: _____ Checking or Savings?

Branch Address: _____

Credit References (Give only those you buy from on an open account):

Name: _____
Address: _____
City, State, ZIP: _____

Telephone #: _____
Fax #: _____

Name: _____
Address: _____
City, State, ZIP: _____

Telephone #: _____
Fax #: _____

Name: _____
Address: _____
City, State, ZIP: _____

Telephone #: _____
Fax #: _____

Terms and Conditions:

- **NET 20 DAYS FROM THE INVOICE DATE**
- Accounts receive monthly statements covering all open invoices through the statement date; however, these are a reminder only as the date of the invoice determines the payment due date.
- Accounts 60 days past due will be deferred to a collection agency and closed.
- Due to the overhead bookkeeping and billing expenses, all charge accounts are required to spend a minimum average of \$50.00 per month.
- **SUBMISSION OF THIS APPLICATION CONSTITUTES AGREEMENT TO THE ABOVE TERMS.**



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REGISTRATION FOR INTERNET ORDERING TheOfficeBOSS.com

INTERNET ORDERING SET UP INFORMATION:

Date of Request: _____

- You can have multiple purchasers for your account.
- You can have multiple Ship-To addresses for your account.

Use one form per Ship-To Address

Company Name: _____ **Account #:** _____

Shipping Address: _____

Account's Administrative Contact: _____ **Phone:** _____

IDENTIFY THE PURCHASERS:

Purchaser's Name: _____ Department: _____

Password: _____ Email: _____

Each person must have a unique password. Max. of 9 characters.

Phone Number: _____

Does this purchaser require approval? _____ Approver's Name: _____



Purchaser's Name: _____ Department: _____

Password: _____ Email: _____

Each person must have a unique password. Max. of 9 characters.

Phone Number: _____

Does this purchaser require approval? _____ Approver's Name: _____



Purchaser's Name: _____ Department: _____

Password: _____ Email: _____

Each person must have a unique password. Max. of 9 characters.

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Purchaser's Name: _____ Department: _____

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