

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

Date of request	

# APPLICATION FOR ACCOUNT

Company Name:	
Main Contact Name:	Phone :
Email:  * Statements are sent to this email	
Billing Address  Street/PO Box:  City, State, ZIP:	one legation
Type of Business:	
*At least 1 buyer must be created	
Buyer Name:  Buyer Email:  Order Confirmation & Invoices for this Buyer go to this email.  Buyer Phone:	Buyer Department:  Buyer Delivery Address:
Buyer Name:  Buyer Email:  Order Confirmation & Invoices for this Buyer go to this email.  Buyer Phone:	Buyer Department:  Buyer Delivery Address:

## **Terms and Conditions:**

- NET 30 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.
- 18% APR Late fees are applied to late-paid invoices. The minimum late fee is \$2.00.
- 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
  of \$50.00 per month. Inactive accounts with no activity will be closed after 6 months.
- SUBMISSION OF THIS APPLICATION CONSTITUTES AGREEMENT TO THE ABOVE TERMS.

## **PAYMENT OPTIONS**

#### **NET 30**

• To Initiate Terms, attach a credit reference sheet with at least 3 credit references

### **Accounts Receivable Options:**

- 1.) Pay online with each invoice.
- 2.) Mail in a check by due date.

## <u>Credit Card</u> → C/C Authorization Form

 To pay with a card, complete the Credit Card Authorization form.



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**Check One:** 

# **CREDIT CARD AUTHORIZATION**

Dear Customer:		<ul><li>Charge each invoice</li><li>Charge each month</li><li>Charge only upon my notification</li></ul>
your protection, please provide t is (530) 587-6228	he information below and e Office BOSS to put my	SS Mail Center put on your credit card. For I fax or mail this back to us. Our fax number purchase, including a phone order, on my
	Printed Name	Date
	Signature	
Billing Address:		
Type of Credit Card:  Contact Phone No.:  Credit Card No.:  Expiration Date:		
Additional Comments:		
If you have any questions, pleas	e contact us.	

Thank you, Office BOSS Administration