

# FileSource®

Specialty Filing & Indexing Products



2366 N. Glassel St. • Suite K • Orange, CA 92865  
(877) 345-3100 • Fax (714) 921-1472

[info@filesource.com](mailto:info@filesource.com)

## Credit Application

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of business \_\_\_\_\_ Resale Tax # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Corporation ( C or  S)  Partnership  LLC/LLP  Sole Proprietor Date Established \_\_\_\_\_

Former Location \_\_\_\_\_

Principal(s) \_\_\_\_\_ Address \_\_\_\_\_

Principal(s) \_\_\_\_\_ Address \_\_\_\_\_

### PLEASE ENCLOSE YOUR MOST RECENT FINANCIAL STATEMENT

Estimated Monthly Credit Requirements \_\_\_\_\_ Accounts Payable Supervisor \_\_\_\_\_

**Bank Reference:** Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Officer: \_\_\_\_\_ Email \_\_\_\_\_

Account No. \_\_\_\_\_ Account No. \_\_\_\_\_

### Trade References:

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

*For all credit purposes, the undersigned agrees to FileSource, Inc.'s credit terms of net 30 days from date of invoice, invoices being dates the day of shipment, and to pay interest at the rate of 1.5% per month (18% per annum) on all invoices not paid within 30 days. The undersigned further agrees that in the event its account is turned over to an attorney for collection, it will pay all costs of collection, including a reasonable attorney's fee.*

Signed: \_\_\_\_\_ Date \_\_\_\_\_

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

#### For FileSource Office Use Only

Order Pending:  Yes  No Sales Rep: \_\_\_\_\_