



**Missoula's Office City™**  
 Making Your Office Our Business

# Commercial Credit Application

115 West Broadway, Missoula, MT 59802  
 (406) 543-7171 Fax (406) 543-4254

Date	Est. Purchases/Month	P.O. Required?	E-mail	Would you like to order on-line?
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<b>BILLING INFORMATION</b>			Authorized Purchaser Name(s):	
Business Name		Phone #	Fax #	
Billing Address		City, State, Zip		
Delivery Address (if different)		City, State, Zip		

<b>BUSINESS CREDIT INFORMATION</b>			
Authorized Officer			Title
Account Payable Contact		Duns Number	
If Subsidiary, Name of Parent Company		DBA or AKA	
Taxpayer ID Number	Years in Business	Type of Business	

<b>BANK REFERENCES</b>			
Bank Name		Contact	Checking Account Number
Bank Address		City, State, Zip	Phone #

<b>TRADE REFERENCES</b>			
Business Name	Account Number	Complete Address	Phone #
1.			
2.			
3.			

I certify that all the information on this form is correct and accurate. I fully understand that all purchases made during a month are due in full by the 10th day of the following month. I also understand that a service charge of 1.5% per month will be charged to all amounts not paid according to terms.

In the event you fail to make required payments, you may be charged collection costs incurred by us. We may verify your credit and bank references. We may also report your status and payment history to other creditors, including negative credit information. You may be charged a \$30.00 returned check charge for each check that is returned unpaid on your account.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are individual or new business with no trade references, list your credit card as a trade reference. Include your name as it appears on the CREDIT card, card name, number, and expiration date, then sign below. I hereby authorize Office City to charge any and all past due balances to the charge card listed above.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_