



University Art

Credit Application

Redwood City
2550 El Camino Real Redwood City, CA 94061 650-328-3500

Sacramento
2601 J Street Sacramento, CA 95816 916-443-5721

Name of Business _____

Type of Operation _____ Date Established _____ Phone _____
(Nature of Business)

Billing Address _____
(Number) (Street) (City) (Zip)

Shipping Address _____
(Number) (Street) (City) (Zip)

Principal owners or stockholders and officers _____
Name Residence Address City State Zip

Bank _____
(Name) (Address) (City) (Zip) (Phone)

Account carried under _____
(Name)

Expect monthly credit requirements to be about _____

Will _____
Purchase for resale Resale No. _____
Will not _____

P.O. # Requirements _____

CREDIT REFERENCES (Local references preferred)
Name Address City Phone / Fax

Persons Authorized to Charge (if applicable) not applicable

Which Department(s) will be using this charge?

Dept. _____ Phone No. _____ Dept. _____ Phone No. _____

Dept. Supervisor _____ Dept. Supervisor _____

The submission of this application constitutes acceptance of our terms:

1. Payment terms are Net 30. Invoices are due and payable 30 days from the date of invoice.
2. No charges allowed on past due accounts.
3. \$25.00 minimum charge per invoice.

Signature _____ Date _____

Print Name _____ Title _____