



# University Art

## Credit Application

**Palo Alto** 267 Hamilton Ave. Palo, Alto, CA 94301 650-328-3500

**San Jose** 456 Meridian Ave. San Jose, CA 95126 408-297-4707

**San Francisco** 128 Spear St. San Francisco, CA 94105 415-974-1444

**Sac-Midtown** 2601 J Street Sacramento, CA 95816 916-443-5721

**Sac-North** 2610 Marconi Ave. Sacramento, CA 95821 916-484-1640

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 \_\_\_\_\_