

Title

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COD BILLING APPLICATION

illing Address						
	Billing Address			State	Zip	
Telephone No. Contact Person		on		Title		
ax No.	Email Address for Billing/Invoice Recipient (OffSite IT			emails all invoices)		
Nature of Business		Business Type: Proprietorship C		Corp. Partnership e State of	No. Yrs in Business	
Date of Incorporation City/State of		Incorporation		Federal Tax Identification	Federal Tax Identification No.	
These Spaces Inten	11	D1 4				
Name of Supplier		City/State		Telephone No.	Contact Person	
Name of Supplier		City/State		Telephone No.	Contact Person	
Name of Supplier		City/State		Telephone No.	Contact Person	
Name of Supplier		City/State		Telephone No.	Contact Person	
that by execution herecondebtedness or liabilities waived. OffSite IT may check all any information to OffSi NON-SOLICITATION A	on is accurate. roices from OffSite and labor is C.O.I be assessed on a voices at the may art and collection of, he, she or they es incurred pursual trade and bank te IT for determin ND NON-EMPLO	e IT, and unle D. any checks re kimum interes agency fees ir are personall ant to this agr references lis ing credit elig DYMENT OF mployment, d	ess specified: turned from the bank. t rate allowable by law. n the event of non-payment ly liable, jointly and several reement. Demand for payn ted on this application. Cu ibility. EMPLOYEES: Without the irectly or indirectly, any em	ly, with the firm as guarante nent & notice of indebtednes istomer requesting credit he prior written consent of Offs	ss and default are expressly breby authorizes release of Site IT, Customer shall not by order services to Customer.	

Date