



Attn: Online Legal Courier Billing Department
645 w. 9th St. # 110-302
Los Angeles, CA 90015

Phone #: 213 - 308 - 1759

Business Credit Application

Company Name: _____

Phone Number: _____

Billing Address: _____

Address: _____

City: _____

State: _____

ZIP _____

Email: _____

Fax Number: _____

Type of Business:

☐ Law Firm

Tax Number: _____

☐ Insurance

Type of Ownership:

☐ Corporation

☐ Partnership

☐ Government

☐ Sole Proprietor

☐ Government

☐ Non-Profit

☐ Other

Tax Exempt? ☐ Yes ☐ No (If yes please include resale card with application)

Bank Reference: _____

Address: _____

City, State, ZIP: _____

Account #: _____ Contact: _____

Business Owner / CEO: _____ Phone No: _____

Controller/CFO: _____ Phone No: _____

Applicant certifies that the above information is true and correct. Applicant also represents and agrees

(1) that the services to be purchased and the credit requested are solely for business or commercial purposes and not for personal, family or household purposes, (2) **THAT INVOICES ARE NET AND DUE 30 DAYS FROM THE INVOICE DATE**, (3) that any invoiced amounts not paid within 30 days after the date due shall bear interest at the maximum rate permitted by law (currently 18% per annum) from the date due till paid, (4) to pay any and all costs of collection (including without limitation reasonable attorney's fees), and (5) that you are authorizing Online Legal Courier and it's affiliated companies to contact the above references as well as any credit reporting services to determine whether to extend credit.

Authorized Signature: _____ Date _____

Name: _____ Title: _____