Office DEPOT OfficeMax

Business Credit Account Application – Business Liability Only

Before You Apply:

- 1. You must be an Authorized Officer of the Business to submit this application.
- 2. Your company must be one of these business types:
- Corporation with more than \$5 million annual sales and in business for at least 3 years
- Government entity (including Schools)
- Non-Profit

Supporting document may be required for verification.

How to Complete and Submit Application:

- 1. Print the application and review the CREDIT CARD DISCLOSURES.
- 2. Fill in all fields completely and legibly. All fields must be completed to process the application.

3. Sign the application and retain the CREDIT CARD DISCLOSURES for your records.

By Phone1-800-767-1358 **By Mail**Office Depot Credit

M-F 8 a.m. to 8 p.m. ET PO Box 6064

Sat-Sun 9 a.m. to 6 p.m. ET Sioux Falls, SD 57117-6064

By Fax 1-800-767-1328

Marketing Source Code: (If you received a special offer and were instructed to enter a marketing source code, please enter it here. Otherwise, leave this field blank.)						
DI EAGE DOINT ALL INI	- CONTROL					
PLEASE PRINT ALL INF	CRMATION					
Date	Anticipated Monthly Purchase Volume				Purchase Order Required ☐ Yes ☐ No	
Tell Us About Your Com	npany					
money laundering activities, an account. This means that account. In addition, the ban	N ABOUT PROCEDURES FOR OPENING A NE federal law requires all financial institutions to obt we will ask for your name, address, date of birth, k must obtain the business' legal name, its street identifying documents; and obtain identification i	ain, verify, and r and other inforn address, and its	ecord informatio nation that will al taxpayer identifi	n that identifies low us to identif cation number.	each person who opens y you when you open an We may also ask to see	
Company Legal Name		D/B/A (accoun	t will be set up ir	n this name)	# of Employees	
Business Street Address (no P.O. Box)		City		State	Zip	
Taxpayer ID Number (required by USA Patriot Act)		Daytime Phone	e [†]		Ext#	
Estimated Annual Company Revenue		Business Started (MM/YYYY)				
Billing Information						
Billing Contact		Billing Address	s (if different fror	m Business Stre	eet Address)	
City		State		Zip		
Phone [†]		Fax				
Legal Type (choose one)						
☐ Sole Proprietorship	☐ Partnership ☐ Limited Liability	□ Corporation	n □ Go	overnment/Scho	ool/Embassy	
Organization Type (choo	se one)					
□ Financial Institution □ Non-Profit □ Government □ Embassy □ Other Business Type If a financial institution, specify the type: ○ Bank ○ Non-Bank ○ Funds ○ MSB (Money Service Business) Bank: license and transfer/invest/lend money; Non-Bank: no bank license but transfer/invest/lend money (insurance companies, credit card companies, etc.; Funds: mutual funds, hedge funds, pension funds, private equity funds; MSB: exchange/transfer/money mechanisms (currency dealer, check casher, etc.)						
Request Additional Car	ds					
Request up to four additional cards. Once approved, you may add additional cards and authorized user information. Authorized users must be employees of or contractors under written contract with your business. All cards issued will be printed with the name of the business only. When adding authorized users, you certify that each authorized user is (1) an employee of or contractor under written contract with your business; (2) has given you permission to share with us the information provided; and (3) has consented to allow us to share information about them in accordance with Citi's Privacy Notice, located online at www.citi.com/privacy.						
Authorized Officer/Controlling Party Information (required)						
into borrowing arrangements someone with significant res	er? An Authorized Officer is a member of a busing with financial institutions and is a Controlling Ponsibility to control, manage, or direct the entitiers on, Treasurer, Vice President. You must be a	arty of the busir by. Examples inc	ness entity. A Co lude: Senior Ma	ntrolling Party on nager, General	of a legal entity is Partner, Owner, Chief	
First Name		Initial	Last Name			
Home Address (no P.O. Box)		City		State	Zip	
Date of Birth	Social Security Number**	Percentage of Business Ownership (percentage of the business directly or indirectly you personally own, if any)**				

Form Date: November 5, 2019

[†]By giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or a text. Your phone plan charges may apply.**Not applicable to Foreign Embassy/U.S. Government

Beneficial Owner Information (Not required for Sole Proprietor, Foreign Embassy, US Government or US publicly traded entities)							
Are you a publicly traded entity? ^{↑↑} □ Yes □ No If no, please complete the Beneficial Owner section and Authorized Officer Signature. If yes, please complete the Authorized Officer Signature section.							
When opening an account, Federal regulations require that we obtain, verify, and record information for Beneficial Owners of an entity customer. For this application, Beneficial Owners are key individuals who directly or indirectly own the company, at a level of 25% or greater ownership, or are the trustee of a trust that has 25% or greater ownership. List all beneficial owners who own 25% or more below.							
1 First Name		Initial	Last Name				
	Home Address (no P.O. Box) Date of Birth Social Security Number (Rec		City	State	Country	Zip/Postal Code	
			quired for US Person)	Percentage of Business Ownership			
	For non US persons only ((Please provide passport/or ot	her government ID #)				
ID Type (Required for non-US persons only)				ID Number			
	ID State/Province ID Country			ID Zip/Postal Code			
2	First Name		Initial	Last Name			
	Home Address (no P.O. Box)		City	State	Country	Zip/Postal Code	
	Date of Birth	Social Security Number (Req	quired for US Person)	Percentage of Business Ownership			
İ	For non US persons only (or non US persons only (Please provide passport/or other government ID #)					
	ID Type (Required for non-US persons only)			ID Number			
	ID State/Province ID Country			ID Zip/Postal Code			
3	First Name		Initial	Last Name			
	Home Address (no P.O. Box)		City	State	Country	Zip/Postal Code	
	Date of Birth Social Security Number (Red		uired for US Person)	Percentage of Business Ownership			
For non US persons only (Please provide passport/or other			her government ID #)	<u> </u>			
	ID Type (Required for non-US persons only)			ID Number			
ID State/Province ID Country			ID Zip/Postal Code				
1	First Name		Initial	Last Nar	ne		
	Home Address (no P.O. Box)		City	State	Country	Zip/Postal Code	
	Date of Birth	Social Security Number (Req	quired for US Person)	Percentage of Business Ownership			
İ	For non US persons only (Please provide passport/or other government ID #)						
	ID Type (Required for non-			ID Number			
	ID State/Province	D State/Province ID Country		ID Zip/Postal Code			

thAny entity (other than a bank) whose common stock or analogous equity interests are listed on the New York, American, or NASDAQ stock exchange.

Authorized Officer Signature (Please sign below)			
I am an Authorized Officer and Controlling Party of the Business (and the person whose information is provided below) with the authority to bind the Business to the Terms and Conditions. I will provide the evidence of such authorization upon request. By signing below, I hereby certify, to the best of my knowledge, that the information provided above (including the information for Beneficial Ownership and Controlling Party) is complete and correct I understand and agree that you may share all personal, transaction and experience information about me personally and my business, as permitted by law, with Office Depot and its affiliates. IMPORTANT NOTICE REGARDING PRIVACY: By submitting this application, I understand and agree that Citi may use any information collected from me regarding me personally and my business in accordance with Citi's Privacy Notice located online at www.citi.com/privacy.			
Signature of Company's Authorized Officer	Date		

OFFICE DEPOT BUSINESS CREDIT ACCOUNT DISCLOSURES

Annual percentage rate (APR) for purchases	23.99%.		
Grace period for repayment of the balance for purchases	At least 20 days if you pay the total balance in full by the due date every billing period. If you do not, you will not get a grace period.		
Method of computing the balance for purchases	Daily balance. This includes new purchases.		
Minimum finance charge	\$2.00.		
Annual fees	None.		
Other fees	Late fee: • \$15 on balances up to \$100 • \$29 on balances of \$100 up to \$250 • \$39 on balances of \$250 and over. Returned payment fee: \$39		

When can we change the rates, fees, and terms of your card agreement? We may change the rates, fees, and terms of your card agreement at any time, for any reason. These reasons may be based on information in your credit report or general market conditions. If the change will cause a rate or fee to increase, you will receive advance notice and a right to opt out. If you opt out, we will close your account. You can then pay the remaining balance under the old rates, fees and terms.

TERMS AND CONDITIONS OF OFFER

- This account is only for Business or commercial purposes. It is not for personal, family or household purposes.
 Citibank, N.A. is the issuer of your account. Credit card offers are intended for residents of, and this is not an offer for the credit card to individuals outside of, the United States and its Territories.
- To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that we will ask for your name, address, date of birth, and other information that will allow us to identify you when you open an account. In addition, the bank must obtain the business' legal name, its street address, and its taxpayer identification number. We may also ask to see your driver's license or other identifying documents; and obtain identification information about you or any employees you add to your account.
- We may gather information about you, including from your employer, your bank, credit bureaus, and others, to verify
 your identity and determine your eligibility for credit, renewal of credit, and future extensions of credit. If you ask us, we
 will tell you whether or not we requested a credit bureau report, and the names and addresses of any credit bureaus
 that provided us with such reports.
- You authorize us to share with the retailer for whom this card is issued, and its affiliates, experiential and transactional information regarding you and your account.
- To receive an Office Depot Business Credit Account with Revolve Terms, you must meet our credit qualification
 criteria. Your credit limit will be determined by a review of your credit report and, in some instances, a review of such
 other financial information as we may ask you to provide. You will be informed of the amount of your credit line when
 your account is opened.
- Please see the following initial disclosure statement for important additional information.

INITIAL DISCLOSURE STATEMENT

Please read this Initial Disclosure Statement ("Statement") and keep it for your records. If you are approved for credit, you will receive a Card Agreement with your card.

Each use of the card to charge purchases constitutes a loan for business or commercial purposes to you by us. If you are approved for credit, your account may be used only for purchasing goods and services to be used for business or commercial purposes on behalf of the business. You may not use this account to purchase goods or services for personal, family or household purposes.

Definitions

account means the relationship between you and us by this agreement.

APR means an annual percentage rate.

authorized user means any person you allow to use your account.

Business the corporation, limited liability company, partnership, sole proprietorship, association, or other entity or organization that applied to open the account and any successors to that entity or organization.

card means one or more cards or other account access devices that we give you to get credit under the Card Agreement. This includes account numbers.

Responsible Officer any natural person, whether or not an actual officer of the Business, who applies for the account on behalf of the Business and any successor to that person.

we, us, and our Citibank, N.A., the issuer of the account. Citibank, N.A. is located in Sioux Falls, SD.

you, **your**, and **yours** mean the person or entity who applies to open the account. It also means any other person or entity responsible for complying with the Agreement.

Purchase APR

Purchase APR. The **ANNUAL PERCENTAGE RATE** for regular purchases is 23.99%. This APR equals a daily periodic rate of 0.06572%.

Effect of APR Increases: If an APR increases, periodic finance charges increase. Your minimum payment may increase as well.

Promotions

We may offer you promotional terms for all or a part of any balances. Any promotional terms may apply for a limited period of time. They will be governed by the terms of the promotional offer and this Agreement. They may include the No Interest and 0% offers described below. Your promotional terms may end if you default under the Card Agreement because you

- · do not make the minimum payment when due,
- · go over the credit line, or
- make a payment to us that is not honored.

No Interest. No finance charges will be imposed on this balance if you pay the balance in full by the end of the promotional period. We will impose finance charges on this balance if you do not pay the balance in full by the end of the promotional period or the promotional terms are terminated. We will impose these finance charges from the date of purchase until the balance is paid in full. The promotional offer will specify the amount of any minimum payment required on this balance.

0%. No finance charges are imposed on this balance during the promotional period. The promotional offer will specify the amount of any minimum payment required on this balance.

Periodic Finance Charges Based On APRs

Periodic Finance Charges. We impose periodic finance charges when we apply APRs to your account balances. We do this every day by using a daily periodic rate. To get a daily periodic rate, we divide the APR by 365.

When Periodic Finance Charges Begin. Periodic finance charges begin the first day we add a charge to a daily balance. The charges we add to a daily balance include purchases, finance charges, and fees. We continue to impose periodic finance charges until we credit your account with full payment of the total amount you owe us.

Grace Period on Purchases. You can avoid periodic finance charges on purchases. This is called a grace period on purchases. The grace period is at least 20 days. To get a grace period on purchases, you must pay the New Balance by the payment due date every billing period. If you do not, you will not get a grace period until you pay the New Balance for two billing periods in a row.

If you have a balance subject to a No Interest promotion or a 0% promotion and that promotion does not expire before the payment due date, that balance (an "excluded balance") is excluded from the amount you must pay in full to get a grace period on a purchase balance other than an excluded balance. In addition, if you have a major purchase plan balance, that balance (an "excluded balance") is excluded from the amount you must pay in full to get a grace period on

a purchase balance other than an excluded balance. However, you must still pay any separately required payment on the excluded balance. In billing periods in which payments are allocated to No Interest balances first, the No Interest balance will be reduced before any other balance on the account. However, you will continue to get a grace period on purchases, other than an excluded balance, so long as you pay the New Balance (less any excluded balance, plus any separately required payment on an excluded balance) in full by the payment due date each billing period.

In addition, certain promotional offers may take away the grace period on purchases. Other promotional offers not described above may also allow you to have a grace period on purchases without having to pay all or a portion of the promotional balance by the payment due date. If either is the case, the promotional offer will describe what happens.

Calculation of Periodic Finance Charges. We calculate periodic finance charges each billing period. To do this:

- We start with each of your different balances. These balances include, for example, regular purchases, and different promotional balances. (Purchases made under the same promotional terms, including APR and expiration date, will be part of the same promotional balance.)
- We calculate the daily balance for each of your different balances. To get a daily balance, we start with the balance as of the end of the previous day. We add any periodic finance charge on the previous day's balance. (This results in daily compounding of finance charges.) We add any new charges. We then subtract any new credits or payments.
- We multiply each daily balance by the daily periodic rate that applies to it. We do this for each day in the billing period. This gives us the daily periodic finance charges for each of your different balances.
- We add up all the daily periodic finance charges. The sum is the total periodic finance charge for the billing period. You authorize us to round the total periodic finance charge to the nearest cent.

When we calculate daily balances, we add a purchase as of the Transaction Date. (The Transaction Date is on the billing statement.) We add a transaction fee to the same balance as the transaction. We subtract a payment or credit as of the day it is credited to the account and then make other adjustments. We treat a credit balance as a balance of zero.

Balance Subject to Finance Charge. For each different balance, your statement shows any Balance Subject to Finance Charge. The Balance Subject to Finance Charge is the average of the daily balances during the billing period. A billing period begins on the day after the Closing Date of the previous billing period. It includes the Closing Date of the current billing period.

You can use your billing statement to calculate periodic finance charges. For each different balance, multiply the Balance Subject to Finance Charge by its daily periodic rate. Multiply that amount by the number of days in the billing period. The result is the total periodic finance charge on that balance. Rounding may cause a small difference.

Minimum Finance Charge. If the total periodic finance charge is less than \$2, we charge a minimum **FINANCE CHARGE** of \$2. We add the additional amount to the regular purchase balance or to one or more of the balances that is assessed a periodic finance charge.

Fees

Late Fee. We add a late fee for each billing period you do not pay the Minimum Payment Due by the payment due date. This fee is based on your account balance as of the Transaction Date shown on your statement for the late fee. The fee is \$15 on balances up to \$100; \$29 on balances of \$100 up to \$250; and \$39 on balances of \$250 and over. We add this fee to the regular purchase balance.

Returned Payment Fee. We add a \$39 fee if a payment check or similar instrument is not honored or if it is returned because it cannot be processed. We also add this fee if an automatic debit is returned unpaid. We assess this fee the first time your check or payment is not honored, even if it is honored upon resubmission. We add this fee to the regular purchase balance.

Arbitration

The Card Agreement provides that disputes are subject to binding arbitration. Arbitration replaces the right to go to court, including the right to a jury and the right to participate in a class action or similar proceeding. Read the "Arbitration" provision of the Agreement carefully.

Notify Us in Case of Errors or Questions About Your Bill

If you think your billing statement is wrong, or if you need more information about a transaction on your billing statement, write to us (on a separate sheet) as soon as possible at the billing errors address on the front of your statement. We must hear from you *in writing* no later than 60 days after we sent you the first statement on which the error or problem appeared. In your letter, give us the following information:

- · Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.