



CREDIT APPLICATION

Account Representative _____

CREDIT APPLICATION

TYPE OF TERMS REQUESTED (NET 30 / COD / CREDIT CARD): _____

COMPANY NAME: _____

COMPANY CONTACT: _____

COMPANY PHONE #: _____

COMPANY FAX #: _____

COMPANY ADDRESS: _____

CITY: _____, STATE: _____, ZIP: _____

E-MAIL: _____ WEBSITE: _____

DBA: _____

BILLING ADDRESS (IF DIFFERENT): _____

CITY: _____, STATE: _____, ZIP: _____

ACCOUNTING CONTACT: _____

CONTACT PHONE #: _____

CONTACT FAX #: _____

TYPE OF ENTITY:

- CORPORATION
- LIMITED LIABILITY COMPANY
- PARTNERSHIP
- LIMITED PARTNERSHIP
- SOLE PROPRIETORSHIP

FEDERAL TAX I.D. #: _____

RESALE# (IF APPLICABLE): _____

COMPANY ESTABLISHED YEAR: _____, # OF LOCATIONS: _____

C. If Corporation, please complete:

Corporation Legal Name: _____

Parent Company: _____

D. If Partnership or Sole Proprietor, please complete:

Owner/Partner's Name: _____

Home Address: _____

Social Security #: _____

Home Telephone #: _____



CREDIT APPLICATION

CREDIT APPLICATION (Continued)

COMPANY NAME: _____
DBA: _____

A. Bank References:

Name: _____
Complete Address: _____
Telephone #: _____
Account #: _____
Contact Person: _____

Name: _____
Complete Address: _____
Telephone #: _____
Account #: _____
Contact Person: _____

B. Trade References: (please list):

Name: _____
Complete Address: _____
Telephone #: _____
Account #: _____

Name: _____
Complete Address: _____
Telephone #: _____
Account #: _____

Customer authorizes Repro X-Press, Inc. or its agent to obtain a credit check/report for the purpose of establishing, maintaining or enforcing a credit relationship. Upon approval of credit, I/We agree to pay our account according to the terms granted and I/We acknowledge that I/We have read and fully understand this application. If credit is granted (I) (we) promise to pay invoices when rendered. (I) (we) understand all invoices are payable 30 days from invoicing date and that a service charge of 10% per month will be added to (my) (our) past due account. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay reasonable attorney's fees resulting from such action. (I) (we) authorize the above listed Bank(s) and trade references to release any credit or financial information that may be requested and further agree if credit is granted, to comply with the above terms.

Name: _____ Signature: _____

Title: _____ Date: _____

PERSONAL GUARANTEE (Partnership/Sole Proprietorship)

The undersigned guarantees fully, without reservation or offset, the payment of any sums due from the above noted "Applicant" in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. The undersigned hereby gives permission to use any tools necessary to determine credit worthiness.

Name: _____ Social Security #: _____

Signature: _____ Date: _____

Complete Home Address: _____

Home Telephone #: _____