



**Credit Application**

Repro X-Press, Inc.  
2057 Hoefner Avenue  
Commerce, CA 90040  
info@reprox-press.com  
Fax 323.271.0375

For Official Use Only  
Date Received: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 #: \_\_\_\_\_

FEDERAL TAX I.D. #: \_\_\_\_\_

RESALE# (IF APPLICABLE): \_\_\_\_\_

COMPANY ESTABLISHED YEAR: \_\_\_\_\_, # OF LOCATIONS: \_\_\_\_\_

**TYPE OF ENTITY:**

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

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 (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 #: \_\_\_\_\_