



APPLICATION FOR CREDIT

We would like to establish a credit account with your firm and are therefore submitting the following information for your records. (Please print or type.)

Name of Business: Accounting Contact:

Address: Phone:

City: State: Zip: Fax #:

In business since: At above address since: Type of business:

Name of Parent Company, if any:

Type of business (Partnership, Corporation, other): e-mail address:

If corporation, name officers; if partnership name partners; if individual, include spouse's full name and information requested.

Table with 3 columns: Principal Responsible, Home Address, Title

Bank References:

Bank: Account Officer (name):

Branch: Phone: Account #:

Credit References: (list at least 2 active references, no credit cards or bank loans please)

Table with 3 columns: Complete Name, Address, Phone/Contact

Please complete page two.

Fax completed form to 619-325-3652 or email to accounting@advance-repro.com

Advance Reprographics
Application for Credit
Page Two

In applying for credit with Advance Reprographics you hereby agree that all accounts on credit will be guaranteed with a credit card. This card will only be charged if the account is past due with an outstanding balance more than 50 days from the invoice date. If this does become necessary, there will be an additional 2% service charge along with any accrued finance charges.

Credit Card Information

Name on Card:	Company Name (if applicable):	Type of Card:
Card Number:	Expiration Date:	Security Code:
Billing Address:	City, State:	Zip:
Cardholder Signature:	Date:	

Credit requested per month \$ _____

(We) (I) agree to notify you immediately of any change in the business or ownership that would effect our relationship. If granted credit by you, I agree to pay all invoices according to your terms. My financial condition is satisfactory and I can meet all of my present obligations.

Terms: If your account is paid in full within 30 days from date of statement, the account has no service charge. If not paid within 60 days, there will be a 1.5% service charge per month, on the balance at the time of the next billing, until paid, 18% per annum.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Advance Reprographics in order to verify the information contained herein.

Date: _____

Signed by: _____

Print Name: _____

Title: _____

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