

-Large Format B/W & Color Scanning, Copying & Plotting -Art and Drafting Supplies-

APPLICATION FOR CREDIT

Date: _____

Firm Name: _____

Billing Address: _____

Shipping Address: _____

Phone: _____ Fax: _____

Email: _____

Description of Business: _____

Corporation: _____ Partnership: _____

Proprietorship: _____ Other: _____

Year Established: _____

Bank: _____

**References -- to be used for setting initial credit limits.
(Please give only names of those you buy from an open account.)**

Name: _____

Address: _____

City: _____ Zip: _____

Name: _____

Address: _____

City: _____ Zip: _____

Name: _____

Address: _____

City: _____ Zip: _____

I understand all accounts are due and payable by the 10th of the month following the date of the invoice. I further understand that if for some unexpected reason payment cannot be made, a service charge of 1.5% (18% a year) may be made on overdue balances.

Signed: _____

Name printed: _____

Title: _____