

# REPROGRAPHIC SOLUTIONS INC. CREDIT APPLICATION



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STORE LOCATION:  PORT ST. LUCIE  STUART  WEST PALM BEACH

NAME:	PHONE #:
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BILLING ADDRESS		
STREET:	CITY, STATE:	ZIP CODE:

DELIVERY ADDRESS		
STREET:	CITY, STATE:	ZIP CODE:

BUSINESS TYPE:	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP
DATE BUSINESS ESTABLISHED:	AREA OF BUSINESS:		

PRINCIPALS	TITLE	PERSONAL ADDRESS	PHONE

CREDIT REFERENCES*	ACCOUNT NO.	CONTACT NAME	PHONE

*\*Please provide three (3) companies you currently have accounts with.*

BANK NAME:	ADDRESS:	PHONE:
ACCOUNT NO.:	ACCOUNT TYPE:	

Applicant's Signature
Print Name
Title

### TERMS

IN SIGNING THIS APPLICATION I/WE DO SO WITH THE UNDERSTANDING THAT I/WE AGREE TO PAY ALL PURCHASES BY THE TERMS STATED ON INVOICE. I/WE ALSO UNDERSTAND THAT ANY BILL NOT PAID ACCORDINGLY IS PAST DUE AND WILL BE TREATED AS SUCH WITH A SERVICE CHARGE OF 1.5% PER MONTH (18% ANNUM) ADDED. ALSO, IF IT BECOMES NECESSARY TO EFFECT COLLECTION, I/WE AGREE TO PAY REASONABLE COURT COSTS AND ATTORNEYS FEES.

I/WE HEREBY CERTIFY ALL STATEMENTS TO BE TRUE AND CORRECT, AND UNDERSTAND A THOROUGH CREDIT INVESTIGATION WILL BE CONDUCTED.

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