

Business Credit Application

PLEASE PRINT LEGIBLY.

Type of business: Company Corporation Partnership

Name: _____ Phone: _____

BILLING ADDRESS

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

DELIVERY ADDRESS

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

How long at this address? _____ Date business opened: _____ Type of business: _____

Full name of owner or president: _____ Dunn & Bradstreet Rating: _____

Are purchase orders required? Yes No

Sales Tax Status Taxable Non-taxable (If non-taxable, attach a signed tax exemption certificate)

Contact name: _____ Phone: _____ Fax: _____

STATEMENT DELIVERY METHOD

Statements should be: Mailed to Billing Address

(Select only one) Emailed to: _____

BANK REFERENCE

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account # _____

CREDIT TRADE REFERENCES (THREE REQUIRED)

Name	Address	Phone	Account No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount of credit requested: _____

Has the entity applying for credit filed for bankruptcy of any kind during the last five years? Yes No
If yes, please complete the section below.

Date of the initial filing: _____ Type of bankruptcy filing: _____

Current status or final outcome of the filing: _____

TERMS: Net 10th prox interest charged at 1.5% per month (18% per annum) will be added to accounts over 30 days past due. All purchases made in Texas will be due and payable in Dallas County, TX. All purchases made in Arizona will be due and payable in Maricopa County, AZ.

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I understand that the information furnished on this application is for the purpose of obtaining business credit. To the best of my knowledge, the information given is true and correct. Further, I have read the Terms and Copyright License Indemnification Agreement and agree to them as stated.

Signature of person making application

Title

Date

IF IN BUSINESS OR INCORPORATED LESS THAN ONE YEAR, PLEASE COMPLETE BELOW.

INDIVIDUAL GUARANTEE

An individual guarantee is required for all new businesses/corporations or for businesses/corporations with a limited credit history. Please have an officer of the corporation complete the individual guarantee below.

In consideration of the credit extended and to be extended to _____, a corporation or business, by THOMAS REPROGRAPHICS, INC., the undersigned do, individually on behalf of ourselves, our heirs and executors, hereby guarantee the payment of any amount owed by said business/corporation to THOMAS REPROGRAPHICS, INC.

This guarantee shall be a continuing individual guarantee of the payment for all purchases made until notice of termination of this individual guarantee is given by me by certified mail and addressed to THOMAS REPROGRAPHICS, INC. at 600 N. Central Expressway, Richardson, TX 75080.

In the event it becomes necessary for THOMAS REPROGRAPHICS, INC. to bring suit to collect any amount required to be paid hereunder, the undersigned individual agrees to pay a reasonable amount, in addition to any amount which would otherwise be owed, as attorney fees incurred by THOMAS REPROGRAPHICS, INC. in the collection of any such indebtedness.

Witness my hand on this _____ day of _____, 20_____

Guarantor: _____ Title: _____ SSN: _____
Print Name

Signature

Date

Witness: _____
Signature

Date