

Advantage Reprographics
115 West 45th Street, 2nd Fl, New York, NY 10036
212-382-1662 Fax: 212-382-1686

CREDIT APPLICATION

Company Name _____

Address _____ Suite No. _____

City _____ State _____ Zip _____ Phone () _____

Type of Business _____ Fax () _____

Attention Invoices to _____ Federal Tax No. _____

Incorporation Date _____ State of Incorporation _____

Company Officer/Owner Information

Officer Name _____ Title _____ SS No. _____

Officer Name _____ Title _____ SS No. _____

Number of Employees:

1-5 6-20 21-50 51-100 Over 100

Bank References

Bank _____ Contact Name _____ Phone _____

Address (PO Box or Street, Suite No., City, State, Zip) _____

Checking Account No. _____ Savings Account No. _____

Trade References

Company Name _____ Contact _____ Phone _____

Address _____ Fax _____

Company Name _____ Contact _____ Phone _____

Address _____ Fax _____

If this account is tax exempt please send the appropriate information with this application.

In consideration for credit – I/we acknowledge and agree to the following: The applicant certifies that all the above information is correct and authorizes Advantage Reprographics to investigate all references and any matter pertaining to its financial responsibility. New York State and City's sales tax will be added to all invoices unless a valid exemption or resale certificate is on file with Advantage Reprographics. In the event Advantage Reprographics is compelled to place this account with a collection agency, or file suit to enforce collection, I/we agree to pay all reasonable collection and attorney's fees, and associated court costs. Upon default of any sum due under this agreement, the entire unpaid balance shall become immediately due and payable.

Print Name _____ Authorized Signature _____ Date _____