



CREDIT APPLICATION

Information on this document will remain confidential.

Please print or type. Completion of all sections will speed processing.

FOR OFFICE USE ONLY	
Date Rec'd	_____
Salesperson	_____
Date Appr.	_____
Appr. By	_____
TERMS	
\$	_____

GENERAL INFORMATION

APPLICANT (ENTER COMPLETE LEGAL COMPANY NAME)			PHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
BILLING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
WEBSITE	D&B NUMBER	HOW LONG IN BUSINESS?	

OWNERSHIP

NAME	TITLE	S.S. #	PHONE NUMBER
NAME	TITLE	S.S. #	PHONE NUMBER
ACCOUNTS PAYABLE CONTACT	TITLE	PHONE NUMBER	
<input type="checkbox"/> Corporation <small>Incorporated Under the Laws of the State of</small>		<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> Other	
LINE OF BUSINESS	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	TAX EXEMPT NUMBER (Tax will be charged unless resale ctf. is provided)	FEDERAL I.D. NUMBER

CREDIT REFERENCES

NAME	ACCT. NUMBER	PHONE NUMBER
CITY/STATE	CONTACT	FAX NUMBER
NAME	ACCT. NUMBER	PHONE NUMBER
CITY/STATE	CONTACT	FAX NUMBER
NAME	ACCT. NUMBER	PHONE NUMBER
CITY/STATE	CONTACT	FAX NUMBER

BANK REFERENCE

BANK NAME	CONTACT	ACCT. NUMBER	PHONE NUMBER
ADDRESS			FAX NUMBER

PURCHASE AUTHORIZATION

Credit amount requested \$ _____ We require a purchase order If yes: Written Verbal No

Method of Payment: Check VISA MasterCard American Express Card Name: _____ Card #: _____ Exp. _____

The following persons are authorized to charge: _____

TERMS / CREDIT INFORMATION

TERMS ARE NET 30 DAYS FROM INVOICE DATE UNLESS OTHERWISE APPROVED IN WRITING. ADVANCED DUPLICATION SERVICES, INC. IS AUTHORIZED TO INVESTIGATE THE INFORMATION STATED ABOVE AND THE FINANCIAL CONDITION OF THE APPLICANT. In the event that applicant fails to pay Advanced Duplication Services, LLC any amount owing within ten days when due, APPLICANT AGREES (1) TO PAY INTEREST ON THE AMOUNT OWING AT THE RATE OF (A) 1 1/2% PER MONTH (18% PER ANNUM) OR (B) THE HIGHEST RATE PERMITTED BY LAW, WHICH EVER IS LEAST; ACCRUING FROM THE DUE DATE; AND (2) TO PAY ALL COSTS OF COLLECTION AND REASONABLE ATTORNEY'S FEES, IF ANY. EVERYTHING STATED ABOVE IS CORRECT AND COMPLETE. I am duly authorized to execute this application on behalf of the applicant.

OFFICER/PRINCIPLE SIGNATURE _____ PRINT NAME/TITLE _____ DATE _____