

**CREDIT APPLICATION**  
**ENGINEERS REPROGRAPHICS**

**BUSINESS CONTACT INFORMATION**

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. 1-1/2% per month service charge may be added to past due accounts.
3. By submitting this application, you authorize Engineers Reprographics Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:  
Date:

Title:  
Date:

We hereby apply for credit and certify that the above information is correct.