



Network Reprographics
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APPLICATION FOR CREDIT

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Billing Address (if different):

Address: _____

City: _____ State: _____ Zip: _____

Partnership Sole Proprietorship Corporation LLC

Federal ID #: _____

Year founded or incorporated: _____

President, owner, or CEO: _____

Treasurer or Controller: _____

Accounts payable manager: _____

Name and title of person responsible for purchasing: _____

Credit limit requested: _____

Are you exempt from sales tax: Yes No

If yes, please select below and attach a copy of your state department of revenue exemption certificate. Only the below scenarios qualify for exemption.

Qualifying Hospital: _____

Tribal/Government: _____

Retail: Type: _____

Customer Type: Residential Construction Commercial Construction Other

D&B #: _____

Trade References

please do not use Credit cards or Public utilities as these firms will not confirm the information you provide. Please provide fax number for all references>

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Account # : _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Account # : _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Account # : _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Account # : _____

Terms of credit are net 30. A finance charge of 1.5 will be added to overdue accounts. The customer agrees to pay all applicable costs and reasonable attorney fees to the extent permitted by law for the collection of payment due under this agreement.

Signature: _____ **Date:** _____

Title: _____