



ib reprographics

APPLICATION FOR CREDIT

FIRM NAME (IN FULL) _____
NAME OF OWNER OR OWNERS _____

TYPE OF BUSINESS _____ IN BUSINESS SINCE _____
PLEASE CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION
WE EXPECT OUR MONTHLY CREDIT REQUIREMENTS FROM YOU TO BE ABOUT \$ _____

BILLING INFORMATION:

ADDRESS AND SUITE NO _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NO.() _____

DELIVERY INFORMATION: (IF SAME AS BILLING DO NOT COMPLETE THIS SECTION)

ADDRESS AND SUITE NO _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NO.() _____

TRADE REFERENCES:

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NO.() _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NO.() _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NO.() _____

BANK REFERENCES:

NAME _____ ACCT. NO. _____ PHONE NO.() _____

I UNDERSTAND THE FOLLOWING AND WILL ABIDE BY YOUR REGULATIONS.

(I) (WE) AGREE TO NOTIFY YOU IMMEDIATELY OF ANY CHANGE OF OWNERSHIP OR ADDRESS.
IF GRANTED CREDIT BY YOU. I AGREE TO PAY ALL INVOICES ACCORDING TO YOUR TERMS WHICH ARE NET 30 E.O.M.
ALL OVERDUE UNPAID BALANCES WILL BE CHARGED 1½% PER MONTH WHICH IS 18% FOR 12 MONTHS FOR HANDLING
IF THE ACCOUNT IS NOT PAID IN FULL WHEN DUE ORDERS MAY BE SHIPPED ON A C.O.D. BASIS.

SIGNED _____ TITLE _____ DATE _____

FOR **ib** USE ONLY

CONFIRM BILLING AND DELEVERY ADDRESSES RESALE NUMBER _____
PAYMENT BY INVOICE OR BY STATEMENT? ACCOUNT NUMBER _____
DUPLCATES TO BE SENT WITH STATEMENT? FINAL APPROVAL _____
JOB # JOB NAME P.O. # REQUIRED?