

CREDIT APPLICATION



On Demand Digital Printing and Office Supplies



4500 N. 10th, Ste. 240 (Uptown Plaza)
McAllen, TX 78504

Ph: (956) 668-PLUS (7587)
Fax: (956) 668-7590



Applicant Information:

Name of Business: _____ E-Mail Address: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different from above): _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Primary type of Business: _____ Telephone #: _____ Fax#: _____

Principal Owners & Officers:

Name: _____ Social Security #: _____ - _____ - _____

Position or Title: _____ Full Time _____ Part Time _____

Home Address: Street-City-State-Zip _____

How Long in Business? _____ Amount of Credit Line Requested: _____

Please select one: Individual / Sole Proprietorship _____ Corporation _____ Partnership _____ Other _____ State of Incorporation: _____

Bank and Business Information:

Please furnish us the information below for one bank reference and two supplier references..

Bank Name: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Person: _____

Supplier Name: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Person: _____

Supplier Name: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Person: _____

Important Sales Tax Information:

By Law, Copy Plus LLC must charge sales tax if a valid resale certificate is not completed and returned to us. If you do not complete the Resale/Exemption Certificate, one will be mailed to you within two weeks of opening your account. To be considered valid the certificate must indicate your resale certificate number and must be signed. Please indicate the reason for your tax-exempt status:

resale ____ non-profit ____ Do you require a Purchase Order? yes ____ no ____

List of Officers and Staff of your Organization:

President: _____
Vice-President: _____
Treasurer/Accounts Payable: _____
Secretary: _____
Other: _____
Other: _____

As applicant for this account, you are certifying that the above information is accurate and complete. As holder of an account with Copy Plus LLC, you are responsible for all invoices billed to your account.

Terms and Conditions:

By signing this you give Copy Plus LLC the right to use the information provided herein to conduct a credit check and you further agree to be bound by Copy Plus LLC terms of credit.

Purchases must total a minimum of \$10.00 to be invoiced to your Copy Plus LLC charge account.

You agree to pay for all purchases charged to the account. The invoice presented at the point of sale constitutes the official bill of sale. Payment is due 30 days from the date of this invoice. Accounts with unpaid amounts over 30 days from the date of invoice will be considered delinquent. Accounts with unpaid amounts over 60 days from the invoice date shall be subject to a credit hold or be closed. In the event that payment is not made in a timely manner, you agree to pay all reasonable attorney's fees and court or other collection costs as permitted by law. There will be a \$30 fee assessed on returned checks to cover administrative costs and bank charges.

You agree that any employee of your firm who makes a purchase on your firm's account at the point of sale shall implicitly have the right to do so, and you will be liable for all charges hereto. You assume complete responsibility for your account. Incomplete applications will not be processed.

Signature and Title of Owner/Officer:

APPLICANT'S SIGNATURE attests financial responsibility, willingness and ability to pay invoices in accordance with Copy Plus LLC terms. Copy Plus LLC reserves the right to hold orders or shipments if account goes beyond terms. Applicant also acknowledges responsibility for any costs and expenses incurred in collection of account by a third party. (I hereby authorize the bank and supplier references listed in this application to release the information necessary to assist in establishing a line of credit).

Signature of Owner/Officer : _____ Title: _____ Date: _____

Print Name: _____