

# CREDIT APPLICATION

Preferred Copy Central Store Location: \_\_\_\_\_

## Company Information

Legal Name \_\_\_\_\_ Trade Name \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Would you like to receive special offers?  Yes  No

Ownership  Corporation  Partnership  LLC  Proprietorship  Other \_\_\_\_\_

Names and Titles: Officers / Partners / LLC Manager or Members / Owners / Others

Name \_\_\_\_\_ Title \_\_\_\_\_

FEIN or Social Security #

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Established \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Company is  Local  Branch (If branch, give address and office responsible for payment)

Person responsible for handling payment of this account

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Resale # \_\_\_\_\_ Line of Credit Desired \_\_\_\_\_

Are Purchase Orders Required?  Yes  No

## Bank Reference

Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Fax Number \_\_\_\_\_

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## Trade Credit References

Local information showing three or more months of experience if possible. No credit cards, utilities, or personal accounts, please.

Name \_\_\_\_\_ Fax or E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Fax or E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Fax or E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Fax or E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Terms of Agreement

Terms are net 30 days from the date of invoice. A 1.5% service charge applies on accounts over 30 days. The person signing on behalf of the applicant individually and personally warrants to Copy Central/Copymat that he/she is authorized to execute this application, and that the information is accurate and complete. Applicant agrees to pay reasonable attorney's fees and costs for any legal action to enforce collection on applicant's account which may be brought in the California Superior Court or Small Claims Court in any counties of California at the discretion of Copy Central/Copymat whether the obligation is incurred at the above store or an affiliated Copy Central/Copymat. Applicant agrees to pay \$20 for each check issued by applicant to Copy Central/Copymat or the legal entities doing business as Copy Central/Copymat, which is returned unpaid or marked NSF. Applicant agrees to pay its obligations to Copy Central/Copymat as they become due and this agreement is affirmed with each purchase by applicant of Copy Central/Copymat services. The terms of this credit application may not be changed except by written agreement of Copy Central/Copymat. By signing this application, the applicant agrees to all of these terms and conditions and grants permission for credit information to be verified by companies and financial institutions that are specified in the application or that Copy Central/Copymat learns about during the credit review process and from time to time thereafter.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
*(no electronic signatures please)*

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## How to Submit This Form

### Mailing Address

Copy Central  
5801 Christie, Suite 470  
Emeryville, CA 94608

### Scan & E-Mail

creditapps@copycentral.com

### Fax Number

(510) 655-5610