

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