

Credit Application and Agreement

Please complete all requested information, sign and return
FAX to 303.605.6101 attn: Nancy Collaso



Company Name: _____
 Phone: _____
 Address: _____
 City/State/Zip: _____

Owner/Officer's Name: _____
 Address: _____
 City/State/Zip: _____
 Years in Business: _____
 State Sales Tax/Resale #: _____
 City Sales Tax/Resale #: _____
 Federal ID or SS #: _____

For Office Use:	<input type="radio"/> Approved
	<input type="radio"/> Declined
Account Rep:	_____
Referred by:	_____

Person(s) to Contact for:
 Payables _____
 Purchase Orders _____
 Authorized to Use Acct.: _____

Purchasing Requirements

Purchase Order Required

Blanket Purchase Order

Maximum Annual PO Limit
 Limit Amount _____

Average Monthly Purchase Estimation: _____

Trade References: (minimum of 3 **TRADE** references required)

Name: _____
 Address: _____
 City/State/Zip: _____

Name: _____
 Address: _____
 City/State/Zip: _____

Name: _____
 Address: _____
 City/State/Zip: _____

Account #: _____
 Phone #: _____

Account #: _____
 Phone: _____

Account #: _____
 Phone: _____

Bank References:

Bank Name: _____
 Address: _____
 City/State/Zip: _____
 Bank Officer: _____

Account #: _____
 Phone #: _____
 Checking Acct.: _____

Business Description (Please select one only)

Services Used:

High Resolution Scanning	<input type="checkbox"/>
Digital Compositing/Design	<input type="checkbox"/>
Multi-Media	<input type="checkbox"/>

Other:

Applicant(s) signature on this application constitutes agreement that accounts shall be paid no later than 15 days from date of invoice. Applicant(s) agrees to pay all monies due according to Grantor's term of sale. Should Applicant default on terms and it is necessary to pursue legal action, the Applicant(s) agrees to pay all court costs and attorney's fees. 1.5% interest per month will be added to delinquent accounts. Accounts of 60 days or over will be subject to COD until they are again in good standing.

Other Services Required:

The information given is warranted to be true and Applicant authorizes Grantor to investigate said information

Signature: _____

Date: _____