



# 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  
PAYMENT BY INVOICE OR BY STATEMENT?  
DUPLCATES TO BE SENT WITH STATEMENT?  
JOB # JOB NAME P.O. # REQUIRED?

RESALE NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
FINAL APPROVAL \_\_\_\_\_