



10 Volvo Drive
Rockleigh, NJ 07647
tel 201-784-9991
fax 201-784-9955

CREDIT APPLICATION

DATE:

| BUSINESS INFORMATION | | | DESCRIPTION OF BUSINESS | | |
|----------------------|-------|-----|---|------------------|------------------|
| NAME OF BUSINESS | | | NO. OF EMPLOYEES | CREDIT REQUESTED | TYPE OF BUSINESS |
| LEGAL (IF DIFFERENT) | | | IN BUSINESS SINCE | | |
| ADDRESS | | | BUSINESS STRUCTURE | | |
| CITY | STATE | ZIP | <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY | | |
| PHONE | FAX | | PARENT COMPANY _____ IN BUSINESS FOR _____ | | |

| COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS | | | |
|--|--------|----------|--------|
| NAME: | TITLE: | ADDRESS: | PHONE: |
| NAME: | TITLE: | ADDRESS: | PHONE: |
| NAME: | TITLE: | ADDRESS: | PHONE: |

| BANK REFERENCES | |
|----------------------|------------------|
| NAME OF BANK | NAME TO CONTACT |
| BRANCH | ADDRESS |
| CHECKING ACCOUNT NO. | TELEPHONE NUMBER |

| TRADE REFERENCES | | | |
|------------------|--------------|------------------|--------------------|
| FIRM NAME | CONTACT NAME | TELEPHONE NUMBER | ACCOUNT OPEN SINCE |
| | | | |
| | | | |
| | | | |

| CREDIT CARD INFORMATION | | | (MUST be completed to process your account) |
|--|------------------|-----------------------|---|
| Credit Card Number: | Expiration Date: | Authorized Signature: | |
| Please circle one: VISA MASTERCARD AMERICAN EXPRESS | | | |

| CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY | | |
|---|-------|------|
| <p>I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by KDF Reprographics, Inc. in determining the amount and conditions of credit to be extended. I understand that KDF Reprographics, Inc. may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist KDF Reprographics, Inc. in establishing a line of credit.</p> | | |
| SIGNATURE | TITLE | DATE |
| <p>POLICY STATEMENT: Initial order from new accounts will not be processed unless accompanied by the above requested information. By signing this application, you agree to pay all invoices within the stated term period as well as a 1.5% finance charge which will be assessed on ALL overdue invoices.</p> <p style="color: red;">If payment is not made within the terms agreed to, I agree that KDF Reprographics, Inc. has authorization to charge the credit card listed above for the outstanding balance.</p> <p style="text-align: center;">TERMS: NET 15 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.</p> | | |