



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>		