

SALES AND CHARGE ACCOUNT INFORMATION

NAME					
MAILING ADDRESS			DELIVERY ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE	FAX		DO YOU:		EXP. DATE OF PRESENT LEASE
			<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> LEASE		
BANK	BRANCH		TYPE OF BUSINESS		YEARS IN BUSINESS
ACCOUNT #	CONTACT		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL		
ADDRESS			SERVICES NEEDED:		
			<input type="checkbox"/> XEROX <input type="checkbox"/> OFFSET PRINTING <input type="checkbox"/> COLOR COPIES <input type="checkbox"/> DESIGNING		
CITY	STATE	ZIP	PROJECTED MONTHLY VOLUME		
			\$		
PERSON AUTHORIZED TO APPROVE PAYMENT (NAME / TITLE)			FOR RESALE		
			<input type="checkbox"/> YES <input type="checkbox"/> NO RESALE NO. _____		
OWNER		PRINCIPAL		EXECUTIVE OFFICER	

TRADE REFERENCES

NAME	ADDRESS	PHONE

BANK REFERENCE

NAME	ADDRESS	PHONE

TERMS: Closing date will be the last day of each month & payment due in 10 days SERVICE CHARGE: 1.5% per month on past due accounts

To my knowledge, all the above information is true and correct. I agree with all terms and conditions.

AUTHORIZED SIGNATURE	TITLE	DATE
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FOR OFFICE USE ONLY

APPROVAL / START DATE	INITIALS	LIMIT
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COMMENTS: