

OFFICER/PRINCIPLE SIGNATURE

CREDIT APPLICATION

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FOR OFFICE	USE ONLY	
Date Rec'd		
Salesperson		
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GENERAL INFORMATION APPLICANT (ENTER COMPLETE LEGAL COMPANY NAME) STREET ADDRESS CITY BILLING ADDRESS (IF DIFFERENT) WEBSITE D&B NUMBER OWNERSHIP NAME TITLE S.S.# ACCOUNTS PAYABLE CONTACT TITLE Corporation Incorporated Under the Laws of the State of UINE OF BUSINESS TAX EXEMPT NUMBER (Tax will be of CREDIT REFERENCES) NAME ACCT. I CITY D&B NUMBER TITLE S.S.# TAX EXEMPT NUMBER (Tax will be of CREDIT REFERENCES) NAME ACCT. I CITY/STATE CONTACT		PHONE NUMBER ZIP CODE ZIP CODE HOW LONG IN BUSINESS? PHONE NUMBER PHONE NUMBER PHONE NUMBER PHONE NUMBER PHONE NUMBER
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BANK REFERENCE		
	NUMBER	PHONE NUMBER
ADDRESS		FAX NUMBER
PURCHASE AUTHORIZATION		
	s: □ Written □ Verbal	□No
Method of Payment: □ Check □ VISA □ MasterCard □ American Express Card Name:	Card	
,	Caru	# Схр
The following persons are authorized to charge:		
TERMS / CREDIT INFORMATION		
TERMS ARE NET 30 DAYS FROM INVOICE DATE UNLESS OTHERWISE APPROVED IN WRITE AUTHORIZED TO INVESTIGATE THE INFORMATION STATED ABOVE AND THE FINAN that applicant fails to pay Advanced Duplication Services, LLC any amount owing within ten days when defined the Amount Owing at the Rate of (a) 11/2% PER Month (18% PER Annum) or (B) WHICH EVER IS LEAST, ACCRUING FROM THE DUE DATE: AND (2) TO PAY ALL COSTS OF FEES, IF ANY. EVERYTHING STATED ABOVE IS CORRECT AND COMPLETE. I am duly authorized the complete of the c	CIAL CONDITION due, APPLICANT AG) THE HIGHEST RA F COLLECTION AN	OF THE APPLICANT. In the event REES (1) TO PAY INTEREST ON ATE PERMITTED BY LAW, ND REASONABLE ATTORNEY'S

PRINT NAME/TITLE