



Date \_\_\_\_\_, 20\_\_\_\_

Maximum credit applied for: \$ \_\_\_\_\_

8975 Complex Dr., San Diego, CA 92123  
(858) 292-8100 · Fax (858) 292-8102 · www.copy2copy.com

### CREDIT APPLICATION

(Please type or print)

NAME OF FIRM \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ A/R Contact: \_\_\_\_\_

Type of Business:     Corporation         Partnership         Proprietorship    Established: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

**Please list name, address, and social security number of each principle/partner/proprietor.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Bank Affiliation: \_\_\_\_\_ Address: \_\_\_\_\_ Acct.#: \_\_\_\_\_

Bank Officer: \_\_\_\_\_

Name of Authorized Buyers on this account: \_\_\_\_\_

Are Purchase Orders required to charge to your account?     Yes         No

**Business References:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account # \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account # \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account # \_\_\_\_\_

For the purpose of procuring and establishing credit with Copy2Copy, the undersigned applicant(s) for credit, or any or either of them, or otherwise, collectively referred to as CUSTOMER agrees to be bound by the terms and conditions herein set forth, which are incorporated by reference herein. Furthermore, the applicant(s) represent the information set forth in this credit application is true and accurate. The undersigned applicant(s) for credit authorize Copy2Copy to contact any and all trade, bank, and other references for further information

## TERMS AND CONDITIONS

1. All purchases made in any particular month will be due and payable by the fifteenth day of the following month. Should any Customer checks be returned by their bank for the reason of insufficient funds, Customer agrees to pay twenty-five dollars (\$25.00) for each check returned to Copy2Copy as a service fee.
2. Copy2Copy reserves the right at any time, to revoke any credit extended to Customer because of Customer's failure to pay for goods when due or for any reason deemed good and sufficient by it.
3. Should Customer fail to pay any invoice when due, Customer hereby agrees that a late payment charge of \$25.00 per invoice per month will be charged on balances remaining unpaid at the end of 30 days. Accounts with unpaid amounts over 60 days from the statement date shall be subject to credit hold and/or be closed.
4. The undersigned individual, to induce the granting of credit to the firm, hereby personally guarantees payment of any amount of credit extended by Copy2Copy to the firm. This guarantee is an absolute and unconditional guarantee of payment. Customer agrees to pay all costs and attorney fees incurred in collection of all past due invoices and accounts.
5. Copy2Copy shall not be liable for failure to deliver goods or delays occasioned by causes beyond its control.
6. Customer certifies that the information presented by the customer in this application is true and correct. Copy2Copy is authorized to contact all references contained in this application who are authorized to release any information to it relating to Customer credit herein.
7. Copy2Copy reserves the right to change all prices at any time.

**THE UNDERSIGNED HAS READ THIS CREDIT APPLICATION AND AGREES TO BE BOUND BY ITS STATEMENTS, TERMS AND CONDITION STATED HEREIN.**

**Please Sign and Date**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date