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NEW ACCOUNT CREDIT APPLICATION AND AGREEMENT

The undersigned hereby makes application to Action Reprographics to establish a credit account. The undersigned represents that the information supplied below is true and correct and understands that if this application is accepted the following terms will apply:

1. All invoices will be paid within thirty (30) days of their date of origination.
2. Any invoice, which is not paid when due, will accrue interest at the maximum rate permitted by law.
3. The prevailing party in any litigation arising out of the extension of credit to the undersigned will be entitled to all expenses (including attorneys' fees) reasonably incurred in connection with such litigation

Firm Name:	Resale No:
Street Address:	Phone: Fax:
City State Zip Code	E-mail Address:
FULL NAME OF OWNER (S) OR AN AUTHORIZED OFFIER OF CORPORATION	SPOUSE'S NAME (INDIVIDUAL)
PLEASE CHCK ONE: <input type="radio"/> INDIVIDUAL <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION <input type="radio"/>	FED.T.D.# OR SS# (INDIVIDUAL)
TYPE OF BUSINESS	DATE STARTED

TRADE REFERENCES (LIST AT LEAST 3)

NAME	ADDRESS	PHONE	FAX

BANK ACCOUNT INFORMATION

NAME OF BANK	ACCOUNT #
STREET ADDRESS	PHONE # CONTACT PERSON
CITY STATE ZIP CODE	

By signing below, the undersigned hereby grants to Action Reprographics the right to receive information regarding the bank account specified above and the Undersigned specifically authorizes the bank to release to Action Reprographics such information.

The undersigned agrees to abide by the terms set forth above and to pay each invoice in full in accordance with 30-day net terms from the date of each invoice. Action Reprographics reserves the right to cancel any credit account, which is not used for a period of one year.

FIRM NAME	Signature of Officer/Partner or Principal
Date	Print name

Office use:	
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