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APPLICATION FOR CREDIT

Name of Applying Firm or Individual: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____
(Street address must be given even if P.O. Box is used for mailing purposes.)

Telephone: (____) _____ Yrs. _____ Mos. at present address

FAX: (____) _____ Do you require Purchase Orders? Yes No

Part I (To be completed by all applicants)

If you are tax exempt, please include a copy of your exemption certificate with your application.

Name of Bank: _____

Type of Bank Account: _____ Location of Bank: _____

Business References: (List at least three - no personal references)

Name:	Address:
1. _____	_____
2. _____	_____
3. _____	_____

Anticipated High Credit: Monthly: _____

Part II (To be completed if applying for a business account.)

Type of Business establishment: (Check one)

Individually Owned _____ Corporation _____ Partnership _____ Subsidiary _____ Affiliate _____

Names of owners, principal stockholders, partners, and managers. (Use reverse side if additional space is needed.)

Name: _____ Title: _____

Our terms and conditions for establishing and continuing an open charge account are as follows:

NET - PAYABLE BY THE 10th OF THE MONTH FOLLOWING PURCHASE. Finance Charge of 1½% per month for late payments which is an Annual Percentage Rate of 18% or a minimum of 50¢ per month.

Signature of Individual or Officer of Company: _____

Date: _____ Title: _____

(Must be signed and dated in order to process.)