

# PREFERRED CUSTOMER CREDIT APPLICATION



1201 Westheimer, Suite F, Houston, TX 77006 • www.copydotcom.com • Tel. 713-528-1201 • Fax 713-528-1211

## Applicant Information:

Name of Business: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary type of Business: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

## Principal Owners & Officers:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position or Title: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Home Address: Street-City-State-Zip \_\_\_\_\_

How Long in Business? \_\_\_\_\_ Amount of Credit Line Requested: \_\_\_\_\_ Listed w/Dun & Bradstreet: \_\_\_\_\_

Please select one: Individual / Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

## Bank and Business Information:

Please furnish us the information below for one bank reference and two supplier references..

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_



## Important Sales Tax Information:

By Law, Copydotcom, Inc. must charge sales tax if a valid resale certificate is not completed and returned to us. If you do not complete the attached Blanket Resale/Exemption Certificate, one will be mailed to you within two weeks of opening your account. To be considered valid the certificate must indicate your resale certificate number and must be signed. Please indicate the reason for your tax-exempt status:

resale \_\_\_\_\_ non-profit \_\_\_\_\_

Do you require a Purchase Order? yes \_\_\_\_\_ no \_\_\_\_\_

## List of Officers and Staff of your Organization:

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Treasurer/Accounts Payable: \_\_\_\_\_

Secretary: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

As applicant for this account, you are certifying that the above information is accurate and complete. As holder of an account with Copydotcom, Inc., you are responsible for all invoices billed to your account.

## Terms and Conditions:

By signing this you give Copydotcom, Inc. the right to use the information provided herein to conduct a credit check and you further agree to be bound by Copydotcom's terms of credit.

Purchases must total a minimum of \$5.00 to be invoiced to your Copy.com charge account.

You agree to pay for all purchases charged to the account. The invoice presented at the point of sale constitutes the official bill of sale. Payment is due 30 days from the date of this invoice. Accounts with unpaid amounts over 30 days from the date of invoice will be considered delinquent. Accounts with unpaid amounts over 60 days from the invoice date shall be subject to a credit hold or be closed. In the event that payment is not made in a timely manner, you agree to pay all reasonable attorney's fees and court or other collection costs as permitted by law. There will be a \$20 fee assessed on returned checks to cover administrative costs and bank charges.

You agree that any employee of your firm who makes a purchase on your firm's account at the point of sale shall implicitly have the right to do so, and you will be liable for all charges hereto. You assume complete responsibility for your account.

Incomplete applications will not be processed.

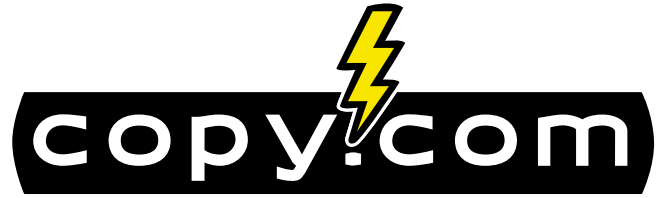
## Signature and Title of Owner/Officer:

APPLICANT'S SIGNATURE attests financial responsibility, willingness and ability to pay invoices in accordance with Copydotcom, Inc. terms. Copydotcom, Inc. reserves the right to hold orders or shipments if account goes beyond terms. Applicant also acknowledges responsibility for any costs and expenses incurred in collection of account by a third party. (I hereby authorize the bank and supplier references listed in this application to release the information necessary to assist in establishing a line of credit).

Signature of Owner/Officer : \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

# BANK INFORMATION REQUEST



Dear Customer,

Banking institutions now require a customer's written consent before releasing information. In order to process your request for a charge account, please complete the first portion of this page, including bank account number(s) and return it with your application.

Please Print or Type:

Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Your Company Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Company Address: \_\_\_\_\_

Bank City, State, Zip: \_\_\_\_\_ Company City, State, Zip: \_\_\_\_\_

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_

Please release the following information concerning our checking account and/or savings account to Copydotcom, Inc.

\_\_\_\_\_  
Signature (Important! Signer's Name MUST be on signature file w/bank) \_\_\_\_\_ Title

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**(Please do not write below this line)**

Date account opened: \_\_\_\_\_

Any NSF's?: \_\_\_\_\_

Highest balance: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Current balance: \_\_\_\_\_

(last 12 months)

\_\_\_\_\_  
Bank Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_