



# APPLICATION FOR CREDIT

Please complete in full and fax to 717.399.8900

**For Internal Use Only.**  
ROS:  
Amount:  
Date/Time to Acctg:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Type of Business: \_\_\_\_\_ D&B Rating: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State: \_\_\_\_\_ (circle one): Corporation / Partnership / Proprietorship

All invoices due net 30 days from date of invoice. Will you meet this schedule?.....  Yes  No

Are purchase orders necessary to process payments to RMS? .....  Yes  No

Business or principals filed for bankruptcy in the last ten years?.....  Yes  No

Individual to contact regarding financial matters:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

### Bank References (one minimum)

Bank Name	Phone	Account Number	Address
1. _____			
2. _____			

### Trade References (minimum of three) Please exclude Leasing, Shipping, Property Management or Professional Services.

Firm Name	Phone	Address
1. _____		
2. _____		
3. _____		
4. _____		

### Authorization and Guarantee of Payment (Required)

I/We \_\_\_\_\_ individually, and as an authorized representative of the corporation, hereby guarantee payment in accordance with terms determined by Reprint Management Services. In the event that RMS institutes legal proceedings to collect any indebtedness which might be in default, the undersigned agrees to indemnify RMS for all reasonable costs incurred, including any attorney's fees, court costs, etc. This agreement shall be governed by the laws of the Commonwealth of Pennsylvania.

We hereby state the above information is correct and agree to pay for all credit extended in accordance with RMS terms. Late charges of 1 1/2% per month (18% per annum) will be applied to any past due balances.

The undersigned is authorized and gives permission for any of the supplied references to release necessary information to Reprint Management Services or its representatives.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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