

Date Submitted _____

NEW ACCOUNT AND CREDIT APPLICATION FOR CNY PRINTING & COPY SERVICES, INC.

Acct. # _____

H/A
 SALES

This application must be completed in full before we can process your account for credit.

1. COMPANY INFORMATION	
Name of Company: _____	Contact for Sales: _____
Address: _____	Contact for A.P.: _____
City/State: _____	Zip: _____
Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No Exemption # _____	Phone: _____ Fax: _____
<input type="checkbox"/> corporation <input type="checkbox"/> partnership <input type="checkbox"/> proprietorship	yrs. in bus. _____
2. OWNER/OFFICERS INFORMATION	3. BANK INFORMATION
Company owner(s)/officers and addresses:	Bank References:
1.) _____	1.) Name: _____
2.) _____	Br: _____ Acc. # _____
	2.) Name: _____
	Br: _____ Acc. # _____
4. TRADE REFERENCES	
1.) Name: _____	2.) Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
\$ amount _____ Your Terms _____	\$ amount _____ Your Terms _____
Payment History 1 - 2 - 3	Payment History 1 - 2 - 3
3.) Name: _____	4.) Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
\$ amount _____ Your Terms _____	\$ amount _____ Your Terms _____
Payment History 1 - 2 - 3	Payment History 1 - 2 - 3

Person(s) authorized to charge: _____

TERMS OF PAYMENT: Our terms for payment are net CASH upon receipt of the invoice/statement. Customer agrees to pay a service charge of 1 1/2% per month on any unpaid balance after 30 days. If an attorney is retained for the collection of any funds due as a result of credit advanced based upon this application, customer agrees to pay reasonable attorney fees and service charges to compensate. To induce **CNY Printing & Copy Services, Inc.**, to extend credit, I personally guarantee the complete performance and payment of the above named firm, and to pay all services according to the terms on the invoice.

SIGNATURE _____ DATE _____

CREDIT DEPARTMENT ONLY:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
CREDIT APPLICATION SUBMITTED BY _____	(salesman) Date Approved _____	
INITIAL ORDER CREDIT LIMIT: \$ _____	TERMS: _____	NET CASH _____
CREDIT LIMIT: \$ _____	TERMS: _____	NET CASH _____
CREDIT APPLICATION APPROVED BY: _____		