



Cedar Rapids ● Urbandale ● Cedar Falls ● Davenport

CONFIDENTIAL CREDIT APPLICATION

Please complete and fax the signed copy to (319) 364-2645 OR E-mail to purchasing@rapidsrepro.com

COMPANY INFORMATION:

Company Name (Legal name)			Tel. No.:	
Trade Name/Doing Business As:			Fax No.:	
Billing Address	City	State	Zip	Country
Shipping Address	City	State	Zip	Country
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Year Started:	State of Inc.	
		Reseller's Permit No.	Federal Tax ID No.	
Officer/Owner		Title	Dun and Bradstreet No.	
Home Address:	City	State	Zip	Country
Email	SSN			Birthdate mm/dd/yy
Authorized Purchaser		Position		
Email	Tel. No.	Company Website		

**Bank and Trade References and Authorization to Release Confidential Financial Information
MUST be completed to be considered for Net Terms.**

BANK REFERENCES:

Bank1		Contact Name	Phone No.	Fax No.
Address		City	State	Zip
Checking No.	Savings No.	Routing No.		
Bank2		Contact Name	Phone No.	Fax No.
Address		City	State	Zip
Checking No.	Savings No.	Routing No.		

AUTHORIZATION to release CONFIDENTIAL FINANCIAL INFORMATION:

I hereby authorize release of all banking and credit information, business and/or personal requested by Rapids Reproductions Inc for the purpose of extending credit. This form may be reproduced or photocopied, and a faxed or email copy shall be as valid authorization as the original which I have signed.		
Name	Authorized Signature	Date

Revised: 10/19/05

TRADE REFERENCES: Please provide names of two major suppliers – industry related purchase during the past 12 months.

Company1	Contact Name	Phone No.	Fax No.
Address	City	State	Zip
Company2	Contact Name	Phone No.	Fax No.
Address	City	State	Zip

CREDIT CARD INFORMATION:

Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	Expiration Date:
Credit Card No.:	Phone No.
Credit Card Billing Address	
I am an authorized user of the above credit card. I hereby give Rapids Reproductions Inc. permission to charge purchases of product to the above credit card when requested verbally or in writing. This authorization will remain in effect until written notice of cancellation is received by Rapids Reproductions Inc.	
Cardholder's Name (As it appears on card)	Signature

Please complete this section if you have a proprietorship type of business.

PERSONAL GUARANTY:			
I, _____, residing at _____			
(print Guarantor's Name)		Guarantor's home address	
<p>hereby guaranty to RAPIDS REPRODUCTIONS INC. the prompt payment, when due, of every claim of RAPIDS REPRODUCTIONS INC. which now exists or may hereafter arise in favor of RAPIDS REPRODUCTIONS INC. against CUSTOMER. This is a continuing guaranty and shall remain in force until revoked by notice in writing to RAPIDS REPRODUCTIONS INC., such revocation to be effective only as to claims of RAPIDS REPRODUCTIONS INC. which arise out of transactions entered into after its receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by this instrument or extension of the time payment thereof, and shall not be affected by any surrender or release by RAPIDS REPRODUCTIONS INC. of any other security held by it for any claim hereby guaranteed.</p> <p>The undersigned waives notice of acceptance hereof, notice of nonperformance or nonpayment by CUSTOMER, notice of presentment, demand for payment, or any & all further demands or other notices.</p> <p>In the event that this guaranty is placed in the hands of an attorney for enforcement hereof, the undersigned promises and agrees to pay the reasonable attorney's fees incurred, and if suit or action is filed hereon, also promises to pay reasonable attorney's fees to be fixed by the trial court and appellate court, if any.</p> <p>The undersigned personally guarantees payment of all debt incurred by CUSTOMER to RAPIDS REPRODUCTIONS INC.</p>			
Signature	Date	SSN	Birthdate mm/dd/yy

Reserved for Rapids Reproductions use only:

Approved for the following terms: <input type="checkbox"/> Net 15 <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card	Approved by: _____ Accounting Department Rapids Reproductions, Inc.	Remarks:
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