



GENERAL BUSINESS CREDIT APPLICATION

Account #: _____

Sales Rep: _____

INSTRUCTIONS: Complete all sections (missing information will delay processing). Sign appropriate sections on the form and fax to CREDIT 954-337-0303.

Legal Name of Business: _____

DBA (Doing Business As): _____

Corporation Sole Proprietor Partnership LLC Other: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Place of Business: Commercial Residential DUNS#: _____

Contact's Name: _____ Title: _____

Business Phone: _____ Mobile: _____

FAX #: _____ E-Mail: _____

Estimated Annual Revenue \$: _____ Annual Purchases from CopierSupplyStore.com \$: _____

Number of Employees: _____ Number of Technicians: _____

Taxable Non-Taxable If sales tax-exempt, certificate must be provided.

PRINCIPALS:

Table with 3 columns: Full Name, Home Address & Phone #, Title. Rows 1, 2, 3.

TRADE REFERENCES:

Table with 4 columns: Name, Account #, Address & Phone #, Fax #. Rows 1, 2, 3.

CONDITIONS AND AGREEMENT OF CREDIT SALES

(Please see Terms and Conditions on Page 3)

Signature: _____ Print Name: _____ Date: _____

PERSONAL GUARANTEE

(Please see Terms and Conditions on Page 3)

Guarantor's Signature: _____ SS#: _____ Date: _____

Guarantor's Address: _____

City: _____ State: _____ ZIP: _____

Witness's Signature: _____ Print Name: _____

BANK AUTHORIZATION RELEASE FORM (MUST BE COMPLETED AND FAXED TO BANK)

Company Name: _____ Account#: _____

Bank Name: _____ Bank Contact: _____

Address: _____

Phone: _____ Bank FAX #: _____

I, _____, Owner/Principal/Officer of _____
give authorization for any banking information to be released to **CopierSupplyStore.com**.

Signature: _____ Title: _____ Date: _____

CONDITONS AND AGREEMENT OF CREDIT SALES

New customers must submit a **complete** CopierSupplyStore.com Credit Application. Credit limits will be determined by the financial strength and payment history of the potential customer. Existing customers may be required at times to update credit information for the purpose of increasing or maintaining credit limits. **TERMS** are due from the date of invoice.

Open orders may be held in the event the existing credit limit is exceeded or in the event a customer fails to pay the invoice within terms. **LATE CHARGES** at a rate of 1.5% per month will be assessed for repetitive late accounts. **PAYMENTS** will be applied to specific invoices as indicated on the customer's remittance. A substantial charge will be assessed in the event a customer check is returned. **COLLECTION POLICY** All collection fees, court costs and interest charges will be petitioned for recovery from delinquent accounts. **Initial Here:** _____

CREDIT AUTHORIZATION

I/We certify that the foregoing information is complete, accurate and voluntary for the purpose of obtaining credit in connection with our business. We authorize CopierSupplyStore.com and its agents to investigate our credit history in any manner and from any source deemed appropriate in our circumstances. If granted credit, we agree to make payments in accordance with the company's normal terms as stated above in the "Conditions and Agreement of Credit Sales". Should I exceed my credit limit or my account becomes past due, I understand that CopierSupplyStore.com has the right to refuse or cancel any orders until the account is satisfied in full. I also understand that CopierSupplyStore.com has the right, to take any necessary steps to collect my account.

Initial Here: _____

PERSONAL GUARANTEE

The obligation of the Guarantor is a primary and unconditional obligation. This obligation shall be enforceable before or after proceeding against the buyer or against any security held by CopierSupplyStore.com, shall be effective regardless of the solvency or insolvency of the buyer at any time, the extension or modification of the indebtedness of the Buyer by agreement with CopierSupplyStore.com or by Operation of law, or the subsequent incorporation, reorganization, merger or consolidation of the buyer or any other change in the composition, nature, personnel, or location of the Buyer. The Buyer authorizes CopierSupplyStore.com to procure an investigative credit report or execute credit searches, as it deems necessary as allowed by S604 or the Fair Credit Act (Public Law 91-508) **Initial Here:** _____

OVERDUE PAYMENTS

In the event that no payment is made following the 10th day after the invoice is received. The full amount will be processed on your credit card.

Credit Card Type: _____ **Card #:** _____ **Code:** _____

Expiration Date: _____ **Card Holder's Name:** _____

Card Holder's Signature: _____ **Today's Date:** _____

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Phone 954.584.8497

FAX 954.337.0303

<http://www.copiersupplystore.com>