



REPLICA™
 PRINTING SERVICES
"We Reproduce Your Best Impressions!"

12170 Tech Center Dr. Suite A
 Poway, California 92064
 Phone (858) 549-5380 Fax (858) 549-5379



www.replicaprinting.com



CORPORATE APPLICATION
 (Please type or print)

Maximum credit applied for: \$ _____

Date _____, 20____

Business or Corporate Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Billing Address: _____ A/P Contact: _____

Type of Business: Corp. Partnership Proprietorship Yr. established: _____ Business Type: _____

If your purchases are exempt from tax, please provide a current resale# _____

Are purchase orders required on your account? Yes No

- Name of Authorized Buyers:
1. _____
 2. _____
 3. _____

Card type Visa MC AMEX Discover

Name on card: _____ Name of Firm: _____

Card number: _____ Expiration: _____ CVC Code: _____

Billing Address For Card: _____

I/We authorize Replica to charge my/our credit card account for purchases made at Replica

Card Holder's Signature: _____

Please list name and address of each principle/partner/proprietor.

Name _____ Address: _____

Name _____ Address: _____

Name _____ Address: _____

Bank Affiliation: _____ Address: _____

Bank Officer: _____ Phone #: _____

Business References:

1. _____ (_____) _____ (_____) _____
 name address phone fax

2. _____ (_____) _____ (_____) _____
 name address phone fax

3. _____ (_____) _____ (_____) _____
 name address phone fax

Of credit extended to the firm by Replica, it is agreed that all purchases made in any particular month will be due and payable by the tenth day of the following month. The undersigned individual, to induce the granting of credit to the firm, hereby personally guarantees payment of any amount of credit extended by Replica to the firm. This guaranty is an absolute and unconditional guarantee of payment.

FOR CREDIT DEPARTMENT USE ONLY:

Length of Time Sold	1. _____	2. _____	3. _____
High Credit	_____	_____	_____
Pays When Due	_____	_____	_____
Other Comments	_____	_____	_____
Credit Limit Authorized	_____	Authorized By: _____	Date: _____
Customer Account Number	_____	Account Manager: _____	

Name: _____ Authorized Signature: _____