



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

SEE OUR REVIEWS



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: _____