CREDIT APPLICATION

Certified Reprographics AND Certified Engineering Systems

2949 South Main Street, Salt Lake City, Utah 84115
Phone (801) 487-8715 Fax (801) 466-9153

All Information Must Be Completed

Company Name **Phone#**

Address **Fax#**

City **State** **Zip**

Type of Business: **Partnership** ☐ **Corporation** ☐ **Sole Propietership** ☐

Date Business Established **Federal I.D. #**

Is P.O. # Required? Yes ☐ **No** ☐ **Credit Limit Requested: $**

Person in charge of Paying Account **Position**

Corporate Officers, Partners or Owner

Name	S.S.#	Title	Home Address	Phone

Bank	Branch	Account#	Check, Loan, Savings?

Credit References: Please list only those firms which you have had a continuing credit relationship for a year or more, with an amount equal to or greater than the "Credit Limit Requested".

Firm	Address	Phone

All purchases will be subject to State Sales Tax Yes___ No___? If "No" attach Resale Certificate. I hereby apply for an open account with **Certified Reprographics & Certified Engineering Systems.** I understand that all accounts are due and payable 30 days after date of purchase. It is further understood that a FINANCE CHARGE at the rate of 1.5% per month (minimum 50 cents) will be charged to my account on the last day of the month following purchase. This is an ANNUAL PERCENTAGE RATE OF 18%. I hereby also agree to pay all costs of collection including reasonable attorneys fees in the event this matter is referred to an attorney for collection whether or not litigation is commenced. I hereby PERSONALLY GUARANTEE payment of any and all debts incurred by the named account.

Name (Please Print) **Authorized Signature** **Date**

(For Office Use Only) Acct:#