



PO Box 740967 | Tel: 972-231-7227  
 Dallas, TX 75374-0967 | Fax: 972-231-0623

# BUSINESS CREDIT APPLICATION

## BUSINESS INFORMATION

Type of business: <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership			Industry:	
Name:			Phone:	
Billing address:	City:	State:	Zip:	
Delivery address:	City:	State:	Zip:	
How long have you been at this address?			Date business opened:	
Full name of owner/president:			Dun & Bradstreet rating:	
Are purchase orders required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sales tax status (if non-taxable, attach a signed tax exemption certificate): <input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable		
Contact name:		Phone:	Fax:	
Statements should be: <input type="checkbox"/> Mailed to billing address <input type="checkbox"/> Emailed to:				

## BANK REFERENCE

Bank name:		Contact:		
Address:				Suite:
City:		State:	Zip:	
Phone:	Account #			

## CREDIT TRADE REFERENCES (THREE REQUIRED)

Name	Address	Phone	Account #

## AMOUNT REQUESTED

Amount of credit requested:      \$
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Has the entity applying for credit filed for bankruptcy of any kind during the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete the section below.	
Date of the initial filing:	Type of bankruptcy filing:
Current status or final outcome of the filing:	

**TERMS:** Net 30 interest charged at 1.5% per month (18% per annum) will be added to accounts over 30 days past due. Remit payments to PO Box 740967, Dallas, TX 75374-0967.

**COPYRIGHT LICENSE INDEMNIFICATION AGREEMENT:** I represent that I am familiar with the copyright laws governing reproduction of copyrighted materials. I warrant that I have received permission and license from the copyright owner of the film, print, slide, movie, artwork, digital medium or other material (hereafter referred to as the “photos”) submitted for processing and/or printing to reproduce the photos for the purposes that I intend to use them. I have the legal right to, and do authorize and grant a non-exclusive license to Thomas Reprographics, Inc. doing business as Thomas Printworks (Thomas Printworks) and its agents to reproduce the photos and return them to me or my agents.

I understand that the information furnished on this application is for the purpose of obtaining business credit. To the best of my knowledge, the information given is true and correct. Further, I have read the Terms and Copyright License Indemnification Agreement and agree to them as stated.

Signature of person making application:	Title:	Date:
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**IF IN BUSINESS OR INCORPORATED LESS THAN ONE YEAR, PLEASE COMPLETE BELOW**

**INDIVIDUAL GUARANTEE:** An individual guarantee is required for all new businesses/corporations or for businesses/corporations with a limited credit history. Please have an officer of the corporation complete the individual guarantee below.

In consideration of the credit extended and to be extended to \_\_\_\_\_, a corporation or business, by Thomas Printworks, the undersigned do, individually on behalf of ourselves, our heirs and executors, hereby guarantee the payment of any amount owed by said business/corporation to Thomas Printworks.

This guarantee shall be a continuing individual guarantee of the payment for all purchases made until notice of termination of this individual guarantee is given by me by certified mail and addressed to Thomas Printworks. at 600 N. Central Expressway, Richardson, TX 75080.

In the event it becomes necessary for Thomas Printworks to bring suit to collect any amount required to be paid hereunder, the undersigned individual agrees to pay a reasonable amount, in addition to any amount which would otherwise be owed, as attorney fees incurred by Thomas Printworks in the collection of any such indebtedness.

Witness my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Guarantor’s printed name:	Title:	SSN:
Guarantor’s signature:		Date:
Witness’ signature:		Date: