

# CREDIT APPLICATION

New  Update

F  B  C

Date \_\_\_\_\_

Company or Account Name \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

A/P Email \_\_\_\_\_ A/P Fax # \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_ Corporation      \_\_\_\_ Partnership      \_\_\_\_ Proprietorship      \_\_\_\_ Non-Profit

Federal Tax ID # or Social Security # \_\_\_\_\_ D&B# \_\_\_\_\_

How Long in Business? \_\_\_\_\_ Type of Business \_\_\_\_\_

Number of Employees \_\_\_\_\_ Est. Annual Sales \_\_\_\_\_

Does State, County or City Require a License? \_\_\_\_\_ License # \_\_\_\_\_

## Authorized Users of the Account

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Bank \_\_\_\_\_ How Long? \_\_\_\_\_

Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_

Bank Officer Name \_\_\_\_\_ Phone # \_\_\_\_\_

## Trade References

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**copyDR**

3814 Bissonnet  
Houston, TX 77005  
713-661-9100  
713-979-2635 fax

1101 S. Friendswood Dr.  
Friendswood, TX 77546  
281-482-7500  
281-482-7502 fax

# Terms of Credit Agreement

All invoices are Net 30 from the date of the invoice. Please pay from the original invoice. All payments should be mailed to CopyDr., Inc., 3814 Bissonnet, Houston, TX 77005, or paid in person at a store location. Statements will be issued on the 1<sup>st</sup> of each month. Call 713-661-9100 with any questions regarding an invoice or your statement. Buyer agrees to pay all bills in accordance with invoice terms and further understands that failure to pay within terms may result in suspension or termination of credit availability. In the event of default in payment, buyer shall be liable for all collection costs incurred by seller, included, but not limited to collection agency fees, court costs, and reasonable attorney fees. All returned checks will be subject to a \$30.00 service charge. Seller can accept late payments or partial payments even though marked "payment in full" without losing any of its rights under this agreement. This agreement is entered into in the State of Texas, the parties agree that all the provisions of this Agreement will be interpreted and construed under the laws of the State of Texas, unless otherwise prohibited. All invoices for products or services will be billed on the date of completion, not the time of pick-up, therefore, all invoices will be generated at the time of completion and will be due 30 days from issue of said invoice. Invoices signed by any representative apply to the conditions of this account. It is the buyer's responsibility to keep the seller informed of any changes to the authorized users of the account. Use of your account indicates your acceptance of these terms.

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## Personal Guarantee

In consideration of credit being extended by CopyDr., Inc. to the above named applicant for merchandise and services to be purchased, whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to CopyDr., Inc. the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by CopyDr., Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Application must be fully completed and signed by an Authorized Representative of the business in order for an account to be established. Letter of Credit may be attached in lieu of Trade References; however, the signature of an Authorized Representative is still required.**