

# Duplication Depot, Inc.

## Credit Application for a Business Account

### Business Contact Information

Title:  
Company Name:  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Registered company address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Date business commenced:  
Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

### Business and Credit Information

Primary business address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
How long at current address?  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Bank name:  
Bank address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Type of account \_\_\_\_\_ Account number \_\_\_\_\_  
Savings \_\_\_\_\_  
Checking \_\_\_\_\_  
Other \_\_\_\_\_

### Business and/or trade references

Company name:  
Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of account:  
Company name:  
Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of account:  
Company name:  
Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of account:

### Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made with 7 working days.
3. By submitting this application you authorize Duplication Depot Inc. to make enquiries to the banking, savings, business, and/or trade references you have supplied.

### Signatures

Title:  
Date:

Title:  
Date: