

APPLICATION FOR CREDIT

DATE: _____
\$: _____
CREDIT AMOUNT REQUESTED

RETURN TO:
DOCUMENTATION RESOURCES
25660 Crenshaw Blvd Ste 204
Torrance, CA 90505
310.534-1763
FAX : 310.534-1723
Email: accting@docresources.com



THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL. ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE

FIRM NAME: _____ PHONE: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TYPE OF BUSINESS: _____ HOW LONG IN BUSINESS: _____

OWNERSHIP: CORPORATION ~ DATE OF INCORPORATION: _____ STATE: _____

PRESIDENT'S NAME _____ SECRETARY'S NAME _____ TREASURER'S NAME _____

PARTNERSHIP- LIST NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS OF ALL PARTNERS

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ SOCIAL SEC. # _____

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ SOCIAL SEC. # _____

SOLE PROPRIETORSHIP- LIST OWNER'S NAME, ADDRESS AND SOCIAL SECURITY NUMBER

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ SOCIAL SEC. # _____

BANK:

NAME _____ ACCOUNT NUMBER _____

BRANCH / LOCATION _____

CONTACT _____ PHONE _____

TRADE

REFERENCES:

1. NAME _____ ACCOUNT NUMBER _____ CONTACT _____

ADDRESS _____ PHONE _____

2. NAME _____ ACCOUNT NUMBER _____ CONTACT _____

ADDRESS _____ PHONE _____

3. NAME _____ ACCOUNT NUMBER _____ CONTACT _____

ADDRESS _____ PHONE _____

4. NAME _____ ACCOUNT NUMBER _____ CONTACT _____

ADDRESS _____ PHONE _____

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND AUTHORIZE THE ABOVE FIRMS TO RELEASE ALL INFORMATION REGARDING OUR ACCOUNT(S) TO DOCUMENTATION RESOURCES. I (WE) FURTHER ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND DOCUMENTATION RESOURCES' TERMS AND CONDITIONS OF SALE, AND THAT ALL MY (OUR) PURCHASES FROM DOCUMENTATION RESOURCES WILL BE GOVERNED BY THOSE TERMS AND CONDITIONS OF SALE NOTWITHSTANDING ANY OTHER OR DIFFERENT TERMS CONTAINED IN MY (OUR) PURCHASE ORDERS OR OTHER DOCUMENTS.

AUTHORIZED SIGNATURE _____ DATE _____ AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____ PRINTED NAME _____ TITLE _____

COMPLETE IF FOR RESALE:

I HEREBY CERTIFY THAT I HOLD VALID SELLER'S PERMIT NO. _____ ISSUED PURSUANT TO THE SALES AND USE TAX LAW, THAT THE TANGIBLE PERSONAL PROPERTY DESCRIBED HEREIN WILL BE RESOLD BY ME IN THE FORM OF TANGIBLE PERSONAL PROPERTY: PROVIDED, HOWEVER, THAT IN THE EVENT ANY OF SUCH PROPERTY IS USED FOR ANY PURPOSE OTHER THAN RETENTION, DEMONSTRATION, OR DISPLAY WHILE HOLDING IT FOR SALE IN THE REGULAR COURSE OF BUSINESS, IT IS UNDERSTOOD THAT I AM REQUIRED BY THE SALES AND USE TAX LAW TO REPORT AND PAY FOR THE TAX, MEASURED BY THE PURCHASE PRICE OF SUCH PROPERTY: DESCRIPTION OF PROPERTY TO BE PURCHASED: CUSTOM PA CKAGING, BOXES, BINDERS, PRINTING TABS, PRINTED MATERIAL, BLANK AND DUPLICATED MEDIA, MEDIA CONTAINERS, PRINTING AIDS SUCH AS ARTWORK, FILM, PLATES, DIES, ETC.

AUTHORIZED SIGNATURE _____ DATE _____ ADDRESS _____

PRINTED NAME _____ TITLE _____ PHONE _____