



2043 Pontius Ave., Los Angeles, CA 90025
Phone: (213) 365-7750 • FAX: (213) 355-3585

Date _____

Company Information

Company Name _____
 Company Address _____
 City _____ State _____ Zip _____ Tel. () _____
 Type of Business _____ Fax () _____
 Years in Business _____ Number of Employees _____
 Annual sales amount in reprographic services _____
 Corporation Partnership Sole Proprietorship

Parent Company Name (if any) _____
 Company Address _____
 City _____ State _____ Zip _____

Owner Information

Email _____

(Must be completed for all partnerships and sole proprietorships; also for corporations in business less than three years)

Owner's Full Name _____
 Owner's Address _____
 City _____ State _____ Zip _____
 Owner's Social Security Number _____

Bank Reference

1. _____
 Name _____
 Address _____ City _____ State _____ Zip _____
 Phone Number (Including Area Code) _____ Account Number _____ Contact _____

Trade References

1. _____
 Name _____
 Address _____ City _____ State _____ Zip _____
 Phone Number (Including Area Code) _____ Account Number _____ Contact _____

2. _____
 Name _____
 Address _____ City _____ State _____ Zip _____
 Phone Number (Including Area Code) _____ Account Number _____ Contact _____

Amount of Credit Desired \$ _____

Terms: 30 Days – 1-1/2% Service Charge Per Month on Past Due Accounts – Annual Rate 18%

I agree to be personally responsible in case of non-payment.

Applicant's signature attests understanding of our terms, financial responsibility and willingness to pay our invoices in accordance with our terms.

Should default in payments be made in accordance with the terms and conditions of this application. Customer agrees to pay reasonable attorney and /or collection fees.

This application must be personally signed by Owner or Officer of applicant's business.

*Universal Reprographics, Inc.
is a credit reporting company*

Signature Title

Please Print Name