



GwyerReprographics

IMAGING SOLUTIONS

CUSTOMER REQUEST FOR OPEN ACCOUNT

Legal Business Name _____ Date Established _____

DBA _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____

Corporation Limited Partnership S-Corporation General Partnership Sole Proprietorship

Division of _____ Subsidiary of _____

Principle _____

REFERRED BY

Website Yellow Pages Other _____

CREDIT NEEDS

Amount of initial credit required _____ Anticipated monthly credit needs _____ Do you require purchase orders _____

CONTACTS

Purchasing _____ Phone _____ Title _____

Accounts Payable _____ Phone _____ Title _____

BANK REFERENCE

Name _____

Address _____ Phone _____

Bank Officer _____ Checking Account Number _____

TRADE REFERENCES

Name _____ Name _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Contact _____ Account # _____ Contact _____ Account # _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Contact _____ Account # _____ Contact _____ Account # _____

(Please do not use Utilities, Oil Company Charges or Personal Charge Accounts)

We, the undersigned, authorize Gwyer Reprographics Company to contact the references listed above for the purpose of establishing credit. We also authorize the references listed to disclose all details necessary to enable Gwyer Reprographics Company to establish an account for Net 30 purposes. We understand that Gwyer Reprographics Company will retain this agreement regardless of whether an open account is established and should an open account be established, we agree that all invoices shall be paid 30 days from invoice date, unless otherwise specified by Gwyer Reprographics Company. All information received shall be treated confidentially by Gwyer Reprographics Company and will be used only for the purpose of establishing credit.

Authorized Signature _____ Title _____ Date _____

Print Name _____ Gwyer Sales Rep. _____