



**ACCOUNTING OFFICE**

1009 West Maple Rd.  
Clawson, MI 48017

**Phone:** (248) 280-8940

**Accounting Fax:** (248) 280-8941

## CHARGE ACCOUNT APPLICATION

### Section 1: General Information

Company: Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: Street \_\_\_\_\_ Suite/Floor/Bldg. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) - \_\_\_\_\_  
Phone Number

( ) - \_\_\_\_\_  
Fax Number

Website \_\_\_\_\_

Email Address \_\_\_\_\_

Person Responsible for Accounts Payable: Name \_\_\_\_\_ Title \_\_\_\_\_ Extension # \_\_\_\_\_

Billing Address (if different): Street \_\_\_\_\_ Suite/Floor/Bldg. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Section 2: Organizational Information

- Company     Corporation     Partnership     Individual     LLC

**Type of Organization:**

Principal Officer: Name \_\_\_\_\_ Title \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Architect          | <input type="checkbox"/> Non Profit           |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Oil/Chemical         |
| <input type="checkbox"/> Sub Contractor     | <input type="checkbox"/> Property Mgmt.       |
| <input type="checkbox"/> Corporate          | <input type="checkbox"/> Retail/Restaurant    |
| <input type="checkbox"/> Engineer           | <input type="checkbox"/> School               |
| <input type="checkbox"/> Financial          | <input type="checkbox"/> Automotive           |
| <input type="checkbox"/> Government         | <input type="checkbox"/> Utility              |
| <input type="checkbox"/> Hospital           | <input type="checkbox"/> Ad./Mktg./Graphics   |
| <input type="checkbox"/> Home Builder       | <input type="checkbox"/> Wholesale            |
| <input type="checkbox"/> Attorney           | <input type="checkbox"/> Gov. Contractor      |
| <input type="checkbox"/> Manufacturer       | <input type="checkbox"/> Printer/Print Broker |
| <input type="checkbox"/> Other: _____       |   |

Principal Officer: Name \_\_\_\_\_ Title \_\_\_\_\_

Principal Officer: Name \_\_\_\_\_ Title \_\_\_\_\_

Years in business: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

### Section 3: Purchasing Procedures

Do you require purchase orders?    YES    NO

Person Responsible for Purchasing: Name \_\_\_\_\_ Title \_\_\_\_\_ Extension # \_\_\_\_\_

Who else may place orders for your company?

Name \_\_\_\_\_ Title \_\_\_\_\_ Extension # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Extension # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Extension # \_\_\_\_\_

**Tax Status:**

**Tax Exemption Certificate must accompany this application IF TAX EXEMPT.**

Please Check One:

- Taxable
- Non Taxable
- Exempt
- Industrial
- Resale

Credit Line Requested: \_\_\_\_\_

# Charge Account Application

Where did you hear about us?

## Section 4: Terms Agreement

Applicant's signature attests acceptance of agreement, financial responsibility, ability and willingness to pay our invoices in accordance with following terms and conditions: Terms of payment are NET 30 from date of delivery of product or service. Late fees in the amount of 5% of the invoice amount may be assessed 5 days after the due date when account will be considered in default. Interest may be charged at the rate of 1.5% per month on all delinquent accounts. Applicant will be responsible for attorney's fees, court costs and post judgment interest, if default litigation occurs. This agreement shall be enforced in accordance with the laws of the State of Michigan. The below information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Authorized Signature

Date

Printed Name

Title

## Section 5: Reference Authorization

### Trade References:

Name Address Phone # Fax # Account #

Name Address Phone # Fax # Account #

Name Address Phone # Fax # Account #

### Bank Information:

Name of Bank Bank Officer Account Type Account #

Address: Street Suite/Floor/Bldg. City State ZIP

### Authorization:

I/We hereby authorize any and all references listed above to answer and reveal any and all credit information, history and details about my/our account to the firm to whom this application is made.

Authorized Signature

Date

Printed Name

Title

## Section 6: Personal Guarantee

The undersigned, to induce granting of credit to the above named applicant, hereby personally guarantees the applicant's credit.

Signature - Individually and as an officer/owner of the applicant

Date

## Section 7: Acceptance and Special Notice

Acceptance by Dunn Blue Reprographics

Authorized Signature

Title

Date

**NOTICE: In the event the account becomes delinquent, all written and verbal communication will be an attempt to collect the debt and any information obtained will be used for that purpose.**