



# RAPIDS REPRODUCTIONS, Inc.

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## RAPIDS REPRODUCTIONS CREDIT APPLICATION

BILL TO: \_\_\_\_\_ SHIPTO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CORPORATION     PARTNERSHIP     PROPRIETORSHIP

FEDERAL ID NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLEASE LIST THREE CREDIT REFERENCES (Name, Address, Phone; must provide FAX or EMAIL contact information for all references)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

COMPANY OFFICERS: \_\_\_\_\_

PERSONS RESPONSIBLE FOR PAYMENT OF ACCOUNT: \_\_\_\_\_

\_\_\_\_\_

NUMBER OF YEARS IN BUSINESS AT THIS LOCATION: \_\_\_\_\_

PERSONS AUTHORIZED TO CHARGE ON YOUR ACCOUNT: \_\_\_\_\_

WHERE DO YOU DO YOUR BANKING?: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF YOUR PERSONAL BANKER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HAVE YOU EVER CONDUCTED BUSINESS WITH OUR COMPANY IN THE PAST? \_\_\_\_\_

DOES YOUR COMPANY REQUIRE A PURCHASE ORDER NUMBER? \_\_\_\_\_

DOES YOUR COMPANY REQUIRE SPECIAL BILLING INSTRUCTIONS, SUCH AS PART NUMBERS? IF SO, PLEASE STATE BELOW:

\_\_\_\_\_  
\_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_