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RAPIDS REPRODUCTIONS CREDIT APPLICATION

BILL TO: _____ SHIP TO: _____

TELEPHONE: _____ FAX: _____

Amount of Credit Requested: _____ Email address for Invoices: _____

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: _____