



ACCOUNT APPLICATION

200 Church Street 3rd Floor
New York NY 10013
TEL: 212.406.5880 FAX: 212.406.5575

COMPANY INFORMATION

Company Name _____ Years In Business _____

Street Address _____

City _____ State _____ Zip _____

Tel _____ Fax _____

Accounts Payable Contact _____ Tel _____ Ext. _____

AUTHORIZED USER INFORMATION

1. Name _____ Title _____ 4. Name _____ Title _____

2. Name _____ Title _____ 5. Name _____ Title _____

3. Name _____ Title _____ 6. Name _____ Title _____

BANK REFERENCES

Bank Name _____ Address _____

Contact Name _____ Account Number _____

Tel _____ Fax _____ Ext. _____

TRADE REFERENCES

1. Company _____ 2. Company _____

Contact Name _____ Contact Name _____

Tel _____ Ext. _____ Tel _____ Ext. _____

SALES TAX EXEMPTIONS

Type of Exemption _____ Agency _____

Reseller _____ State _____ Registration or Tax ID Number _____

You certify that if any tax free purchases are used by your firm in such a way as to subject them to a sales or use tax you will inform PrintFacility so the appropriate tax can be assessed, or your firm will remit the proper amount of tax due to the taxing authority as state law provides. The certification applies each time a purchase is made on my account.

TITLE AND SIGNATURE

Title _____ Federal ID # _____ Signature _____

I certify that the information herein is accurate and complete, and I agree to be bound by the terms and conditions as stated in the above application. I hereby authorize the bank reference listed to accept copies of this application to release credit or financial information on my accounts.

Terms: You agree to allow PrintFacility to use the information provided to conduct a credit search and further agree to be bound by PrintFacility terms of credit. When your credit application has been approved, an account will be opened for your authorized users. You acknowledge that each charge to your account for services constitutes a loan for business purposes tot your firm by PrintFacility. You agree to pay for all purchases charged to the account. The PrintFacility invoice /receipt presented at the point of sale constitutes the official bill of sale. PrintFacility will send a monthly billing statement to your firm. Payment is due upon receipt of billing statement. Accounts with unpaid amounts over 30 days after statement date will be considered in arrears. A delinquent account credit shall be frozen or closed until payment in full is received. PrintFacility reserves the right to charge your firm a 10% surcharge for all returned checks in addition to any bank charges. It is understood that you assume complete responsibility for all services charged to your account by authorized users of the account. It is important to notify PrintFacility immediately if a user's charge privileges are no longer authorized by your firm. You may cancel your account upon 30 days written notification to PrintFacility. You shall be responsible for any outstanding balances or services charged in the period up to and including the cancellation date.