



CREDIT APPLICATION PLEASE ALLOW UP TO 2 WEEKS TO PROCESS.

Name of Business _____

Business Address (No P.O. Boxes) _____

Phone _____ Fax _____ How Long At This Address? _____ Own Lease

BUSINESS INFORMATION

Sole Proprietorship Partnership Corporation IF CORPORATION: Corp. No. _____ Corp. State _____

How Long In Business? _____ IF NON-PROFIT: No. _____ IF TAX-EXEMPT: No. _____

How much business per month (in dollars) do you expect to do with DPS, INC.? *Must Be An Average Of \$1000 Or More Per Month* _____

TRADE REFERENCES (PREFERABLY GRAPHIC ARTS & PRINTING RELATED)

1. Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

BANK REFERENCES

Bank _____ Branch _____ Contact _____ Phone _____

How long with this bank? _____ Checking# _____ Savings# _____

OFFICERS/PARTNERS

1. Name _____ Title _____ Soc. Sec.# _____ Phone _____

Residence Address _____ City _____ State _____ Zip _____

2. Name _____ Title _____ Soc. Sec.# _____ Phone _____

Residence Address _____ City _____ State _____ Zip _____

IF CREDIT IS GRANTED IT IS AGREED TO PAY BILLS AS BECOME DUE. I UNDERSTAND ALL INVOICES ARE PAYABLE **30 DAYS** FROM THE ISSUED DATE AND SERVICE CHARGE OF **1.5 %** PER MONTH WILL BE ADDED TO ALL PAST DUE INVOICES. IN THE EVENT PAYMENT IS NOT MADE AND ACCOUNT IS REFERRED TO A COLLECTION AGENCY, APPLICANT WILL PAY ALL COSTS OF COLLECTION. IF LEGAL ACTION IS REQUIRED APPLICANT WILL PAY ALL ATTORNEY'S FEES RESULTING FROM SUCH ACTION. I AUTHORIZE THE ABOVE LISTED BANK(S) AND TRADE REFERENCES TO RELEASE TO **DPS, INC.** ANY CREDIT OR FINANCIAL INFORMATION THAT MAY REQUEST AND FURTHER AGREE IF **DPS, INC.** GRANTS CREDIT TO COMPLY WITH ABOVE TERMS OF CREDIT.

Authorized By _____ Title _____

Signature _____ Date _____

COMPANY / PERSONAL CREDIT CARD

Credit Card No. _____ Card Type _____ Exp. Date _____

Card Holder Name _____ Driver's License # _____ Exp. Date _____

IF CUSTOMER DOES NOT PAY WITHIN **30 DAYS** OF INVOICE BILLING DATE, CUSTOMER HEREBY AUTHORIZES **DPS, INC.** TO CHARGE THE FULL AMOUNT OF INVOICE BY SUBMITTING THE INVOICE AGAINST CUSTOMER'S CREDIT CARD WITHOUT CUSTOMER'S SIGNATURE.

Signature _____ Date _____