



# CREDIT APPLICATION

456 East Ave K-4 Suite #10 / Lancaster, CA 93535 / Office: (661)945-3400 Fax: 3400  
 15353 Anacapa Rd. Suite #1 / Victorville, CA 92392 / Office: (760)243-2111 Fax: 2131

## BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship: SSN:	Partnership: Tax Id:	Corporation: Tax Id:	Other: Id:

## BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:

## BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice, or; late fees may be applied.
2. Claims arising from invoices must be made within seven working days after receipt of the invoice.
3. By submitting this application, you authorize All Valley Reprographics & Plan Room, Inc to make inquiries into the banking and business/trade references that you have supplied.

Print Name / Authorized Signature / Title / Date