

TONERMAGIC.COM - CREDIT APPLICATION

COMPANY PROFILE

COMPANY NAME _____

HOW LONG IN BUSINESS _____

TYPE OF BUSINESS: () SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION

TAX ID NUMBER _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

BANK REFERENCE

BANK NAME _____ ACCT # _____

YEARS THERE _____ BRANCH ADDRESS _____

CITY/STATE/ZIP _____

BANK TELEPHONE NUMBER _____

ACCOUNT OFFICERS NAME _____

BUSINESS/TRADE REFERENCES

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CONTACT _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CONTACT _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CONTACT _____

AGREEMENT: Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms stated herein. If granted an open account applicant agrees to pay the bills within 30 days. Late payment fee of \$10 or 10% whichever is greater will be charged on invoice past due 30 days. Should this account ever become delinquent, the applicant company agrees to pay all attorney fees, collection costs, court costs and any other reasonable expenses incurred. The above information is for the purpose of obtaining credit and is warranted to be true. The applicant authorizes Toner Magic.com, its principals or agents to investigate the references listed pertaining to our credit and financial responsibility.

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____