



Please fax/mail, Attn: **Karen Atkins**
 5560 Ruffin Rd #5 | SD, Ca 92123
 Tel 858.541.1500 | Fax 858.278.0558

Application

For An Open Credit Account

Trade Style or Firm Name _____

If Corporation, Full Corporate Name _____

Date Established _____ At Present Location Since _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____

Email (optional) _____

A/P Contact Name _____ Phone _____

A/P Email _____

If your company's corporate headquarters is **not** the address to which we'll be delivering, please provide us your **local delivery address**:

Local Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Person _____

Email Address: _____

Ownership Data _____ Individual Owner _____ General Partnership _____

_____ Limited Partnership _____ Corporation _____

If Incorporated, date incorporated: _____ State _____

Owners/Principals

1.) Name & Title _____ Home Phone _____

Home Address _____

2.) Name & Title _____ Home Phone _____

Home Address _____

Business References: Please list businesses that have extended your firm credit in the past.

business name: _____ contact name: _____ fax number: _____

1.) _____

2.) _____

3.) _____

For Mesa's Use Only (please leave blank)

APPROVED: _____ **Date:** _____ **Credit Limit \$** _____ **Acct #** _____



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State Sales Tax/Resale # _____

Have any of the above principals ever had a business failure or filed bankruptcy?
 _____ No _____ Yes (If yes, please explain on separate page)

Describe your business operation _____


Is your business location owned or leased? _____ Owned _____ Leased

If leased, Landlord Name _____ Phone _____
 Address _____

Bank Reference Bank Name _____ Phone _____
 Address _____

Type of Account _____ Officer _____
 Account # _____

How did you find Mesa Reprographics?

___ Word of Mouth/Referral  (We'd like to thank whoever referred us, if you don't mind sharing: _____)

___ Yellow Pages.COM

___ Yellow Pages **BOOK** Other _____

___ Internet _____ Driving By

The above information is submitted for the purpose of obtaining credit. The undersigned authorizes you to make such inquiries as are necessary to obtain credit information and authorizes my bank and/or suppliers to release information regarding my accounts. In consideration for the extension of credit, I/we agree to pay a late charge of 1 1/2% per month, a true annual rate of 18% per annum on any amount past due thirty (30) days and to pay all reasonable attorney's fees and costs, if it becomes necessary to file suit to enforce collection. The undersigned also personally guarantee the payment of all past due amounts.

 signature print name title date

 signature print name title date