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# New Age Reprographics, LLC

- 2800 N Macdill Ave., Suite S - Tampa, FL 33607 Phone: 813-426-3272
  - 146 2<sup>nd</sup> St N, suite 110 - St. Petersburg, FL 33701 Phone: 727-388-4494
  - 617 N Magnolia Ave - Orlando, FL 32801 Phone: 407-422-8700
- Email: [accounting@newagerepro.com](mailto:accounting@newagerepro.com) www.newagerepro.com

## Company Credit Application

[www.newagerepro.com](http://www.newagerepro.com)

Your cooperation in providing the following CONFIDENTIAL information will help us to expeditiously establish your new credit account and to better serve your future business needs. You will be notified by mail or e-mail once your credit line has been approved. Typical response time is 24-48 hours; please let us know if you need your application expedited sooner. Temporary credit for established businesses of \$750.00 is available by providing your Federal ID Number.

### Please read carefully, this is a BINDING “CREDIT CONTRACT”;

In consideration of credit being granted to me or to my signed agent(s), I agree fully to the following:

1. Our billing cycle closes every Friday of each week. Late fee charges of U\$ 5.00 plus 1.5% per month will be added to any amount past due date.
2. To notify creditor of any change of ownership within 30 days.
3. If this is placed in collections, I agree to pay all reasonable charges including attorney’s fee, and further agree that a charge of 20% of the amount of the claim shall be considered reasonable as a fee.
4. Any legal action to collect outstanding receivables shall take place in the State of Florida and all Florida laws shall apply.
5. You agree to pay all shipping charges and New Age Reprographics, LLC handling charges
6. Custom order items may require a 50% deposit upon placement

### Authorized Signature below is required or Credit Application will be denied

Firm Name: \_\_\_\_\_

D&B Number: \_\_\_\_\_ FEIN: \_\_\_\_\_

Parent Company: Owner or Partner’s Name: \_\_\_\_\_

Company Website Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Name of Primary Sales Contact: \_\_\_\_\_

Email Address Sales Contact: \_\_\_\_\_

Name of Controller/Accounts Payable Contact: \_\_\_\_\_

Email Address Controller/Accounts Payable Contact: \_\_\_\_\_

This location since: \_\_\_\_\_ Type of business: \_\_\_\_\_

Buyer’s Name: \_\_\_\_\_

Buyer’s E-mail Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Trade Reference #1:** \_\_\_\_\_

Phone: (Area Code) \_\_\_\_\_ Fax: (Area Code) \_\_\_\_\_

Trade Contact Name: \_\_\_\_\_

Trade Contact Email Address: \_\_\_\_\_

**Trade Reference #2:** \_\_\_\_\_

Phone: (Area Code) \_\_\_\_\_ Fax: (Area Code) \_\_\_\_\_

Trade Contact Name: \_\_\_\_\_

Trade Contact Email Address: \_\_\_\_\_

*I hereby grant permission to New Age Reprographics, LLC and to my listed trade/bank references to verify this information and further, do agree to the terms and conditions as stated to the above six (6) "credit contract" conditions;*

**AMOUNT OF CREDIT REQUESTED:** \$ \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Only the company owner or his/her authorized agent)

Principals Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ): Home \_\_\_\_\_ Extension: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ): \_\_\_\_\_

Estimated Monthly Printing Volume: \$ \_\_\_\_\_

Do you have an order pending upon this credit approval? YES NO

Name of the New Age Reprographics, LLC Salesperson you place your order with: \_\_\_\_\_

**For credit requested above U\$ 750.00 it is required a personal guarantee**

**Personal Guarantee:** For consideration of the extension of credit, I hereby personally guarantee payment of all charges made in connection with this account. I waive any requirement that New Age Reprographics, LLC notify me of default by the buyer. This shall be a continuing personal guarantee and shall not be affected by any modifications to this agreement with or without my consent.

Personal Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Drivers License # \_\_\_\_\_

**PLEASE SIGN AND FAX BACK WITH YOUR TAX RESALE FORM ASAP TO: (813) 426-3258**

You may also e-mail this application to: [admin@newagerepro.com](mailto:admin@newagerepro.com)

Visit us on the web at: [www.newagerepro.com](http://www.newagerepro.com)

**Customer "Purchasing and Payables" Account Setup Information**

**CHECK REMITS TO:**

New Age Reprographics, LLC

2800 N. Macdill Ave Ste S Tampa, Fl. 33607

Phone: (813) 426-3272

Email: [accounting@newagerepro.com](mailto:accounting@newagerepro.com)

(Credit Applications are approved in 24-48 hours)