New Age Reprographics, LLC

- 1529 W North A St. Suite A - Tampa, FL 33606 Phone: 813 -426-3272
- 146 2nd 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 www.newagerepro.com

Credit Application Form

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: accounting@newagerepro.com

Visit us on the web at: www.newagerepro.com

Customer "Purchasing and Payables" Account Setup Information

CHECK REMITS TO:

New Age Reprographics, LLC
P.O. Box 4709
Tampa, Fl. 33677
Phone: (813) 426-3272
Email: accounting@newagerepro.com
(Credit Applications are approved in 24-48 hours)