



817 W 12TH ST
 AUSTIN, TX 78701
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 dynamicreprographics.com

Application for Credit

Name of Firm or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address for correspondence: _____

Number of years in business _____ Type of business _____

Would you like your invoices/statements emailed? Yes to emailed invoices Yes to emailed statements

Email address for accounting: _____

Terms: 30 days net

Please supply us with the following information about your business. (This information will be held in confidence unless you use us as a reference for your credit account.)

Corporation Partnership Individual

Name(s) of Principal(s) or Officer(s)	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit/Trade References *(companies with whom you have established charge accounts)*

Business Name	Contact	Telephone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We certify that the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Date: _____

Title: _____

May only be signed by an authorized representative of the company or firm

Credit approved/refused by: _____ Date: _____

Please circle which