

COMPANY INFORMATION					
Company Name (Legal Name)			Tel. No.		
Trade Name/Doing Business			Fax No.		
Billing Address		City	State	Zip	County
Shipping Address		City	State	Zip	County
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>	
LLC <input type="checkbox"/>		Year Started		State of Inc.	
		Resellers's Permit No.		Federal Tax ID No.	
Officer/Owner		Title		Dun and Bradstreet No.	
Phone No. (Owner)					
Authorized Purchaser			Position		
Email		Tel. No.		Company Website	
Are purchase orders required? Yes ___ No ___					
If Tax exempt, please attach a copy of exemption certificate					

OFFICERS/PARTNERS: Please list full names and phone numbers of two key officers:		
Name	Title	Phone No.
Name	Title	Phone No.
Has the firm or any of its Principals ever declared bankruptcy? ___Yes ___No ___Unsure		

BANK REFERENCES	
Bank Name	Account No.
Address	Contact
Phone	Fax No.

TRADE REFERENCES		
Company Name	Phone No.	Fax No.
Address	Contact	
Company Name	Phone No.	Fax No.
Address	Contact	
Company Name	Phone No.	Fax No.
Address	Contact	

AUTHORIZATION to release CONFIDENTIAL FINANCIAL INFORMATION:		
I hereby authorize release of all banking and credit information, business and/or personal requested by Action Reprographics Inc. for the purpose of extending credit. This form may be reproduced or photocopied, and a faxed or email copy shall be as valid authorization as the original which I have signed.		
Name	Authorized Signature	Date