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## CREDIT APPLICATION

## TERM: 30 DAYS NET

Business Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_  
Federal Id# \_\_\_\_\_ D&B# \_\_\_\_\_ Years in Business \_\_\_\_\_  
Ship to Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

President/Owner \_\_\_\_\_ Email \_\_\_\_\_ Cell phone:(\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Vice President: \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_  
Accounts Payable \_\_\_\_\_ Email \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

### Bank References

Bank Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Account # \_\_\_\_\_

### Trade References

Company Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Acct #: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Acct # \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Acct # \_\_\_\_\_

Type of Business: [  ] Corporation of \_\_\_\_\_ (State)  
[  ] Proprietorship SS# required \_\_\_\_\_  
[  ] Other \_\_\_\_\_

**Purchase Orders Required:** [  ] Yes [  ] No **Tax Exempt:** [  ] Yes (provide form) [  ] No

The applicant, undersigned officers, and/or owners represent that the information in this application is true and correct. All invoices from Lone Star Reprographics, Inc. are due within 30 days unless otherwise notated on the invoice. I agree to the payment terms and will guarantee that all payments will be made within the terms given. A faxed copy of this credit application will be considered the original. If Lone Star Reprographics, Inc. places any past due obligation with an attorney for collection, the applicant shall be held responsible for the attorney fees.

\_\_\_\_\_  
(Name & Title of Authorized Agent)

\_\_\_\_\_  
Signature & Date