

# New Account Application



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PLEASE PRINT OR TYPE IN ALL SPACES EXCEPT SIGNATURES

Date \_\_\_\_\_

Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Business Established \_\_\_\_\_ At the above Address since \_\_\_\_\_

A/P Contact \_\_\_\_\_ ext. \_\_\_\_\_ Buyer \_\_\_\_\_ ext. \_\_\_\_\_

Have you ever had an account with CR? \_\_\_\_\_ Monthly credit needs \_\_\_\_\_

INDIVIDUAL  PARTNERSHIP

Full Name _____	Full Name _____
Driver's License No. _____ State _____	Driver's License No. _____ State _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Social Security No. _____	Social Security No. _____

CORPORATION

Corporate Name \_\_\_\_\_ Fed. Tax No. \_\_\_\_\_

### FULL NAMES AND HOME ADDRESSES OF TWO OFFICERS

Full Name _____	Full Name _____
Title _____	Title _____
Address _____	Address _____

### BANK REFERENCES

Bank / Contact _____	Checking Acct. No. _____	Telephone No. _____
Address _____	City _____	State _____ Zip _____ Fax _____
Bank / Contact _____	Checking Acct. No. _____	Telephone No. _____
Address _____	City _____	State _____ Zip _____ Fax _____

### TRADE REFERENCES (preferably local, must be two)

Firm Name _____	Fax No. _____	Telephone No. _____
Address _____	City _____	State _____ Zip _____
Firm Name _____	Fax No. _____	Telephone No. _____
Address _____	City _____	State _____ Zip _____

### Terms and Conditions

I/we, individually and/or collectively promise to pay invoices according to your terms which are Net 30. All overdue unpaid balances will be charged 1.5% per month which is 18% for 12 months for handling. If our account is not paid in full when due, orders may be shipped on a C.O.D. basis. I/we further assume responsibility for all bills contracted in my name at the above address and designate the following named persons as the authorized purchasing agents and employees of the undersigned until written notice to the contrary is given:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Personal Guarantee

In the event it becomes necessary for our company to incur collection costs or institute suit to collect under this agreement, or any portion thereof, the undersigned promises to pay all collection costs, court costs and attorneys fees at the standard hourly fee charged by our attorney.

### FOR INTERNAL USE ONLY

Date \_\_\_\_\_ Account No. \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_

Repro \_\_\_\_\_ Sup \_\_\_\_\_ WH \_\_\_\_\_ Approved \_\_\_\_\_

Officer Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Officer Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_