



817 W 12TH ST. AUSTIN, TX 78701
T (512) 474-8842 F (512) 474-9133
dynamicreprographics.com

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE#: _____ FAX#: _____

E-MAIL ADDRESS: _____

NUMBER OF YEARS IN BUSINESS _____ TYPE OF BUSINESS _____

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

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: _____

Credit approved / refused by: _____ Date: _____ (Please Circle Which)