

CRS Printek

We make you look great on paper!

Toner and Repair

1506 Capital Avenue, Suite 300
Plano TX 75074
972.881.9538 voice
972.881.9331 fax

New Account Application

Please complete all sections listed below and sign as requested to ensure prompt processing. Fax to 972.881.9331.

A. GENERAL INFORMATION:

Company Name: _____ DBA: _____

Bill To Contact Person: _____ Phone: _____ Fax: _____ Email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Ship To Contact Person: _____ Phone: _____ Fax: _____ Email: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Is this business a home address? Yes No

Type of Business: _____ Business Started: ____/____/____ No. of Employees _____

Proprietorship Partnership Corporation Non-Profit Do you pay Sales Tax? Yes No Resale #: _____
(attach Texas Resale or Exemption Certificate)

Principal Owner or Officers of Company:

Name: _____ Title: _____ Name: _____ Title: _____

B. BANK CHECKING INFORMATION:

1. Name of Bank: _____ Acct #: _____ Ph #: _____

C. LOCAL TRADE REFERENCES:

1. Company: _____ Account #: _____ Phone: _____ Fax: _____

2. Company: _____ Account #: _____ Phone: _____ Fax: _____

3. Company: _____ Account #: _____ Phone: _____ Fax: _____

D. INFORMATION RELEASE and TERMS AND CONDITIONS:

The applicant hereby authorizes the sources listed above, named bank and trade creditor(s) to release credit information to CRS Printek
The undersigned agrees that the above information is correct and accurate to the best of your knowledge.

Terms and Conditions of Sale: The above information is submitted to Printek, Inc. dba CRS Printek for the purpose of opening an account and will be held in strictest confidence. I understand the terms of payment are net 10 days after date of invoice unless otherwise stated on the invoice and agree to pay promptly to avoid possible finance charges. I also understand that certain types of purchases may require COD or cash in advance payment.

SIGNATURE: _____ NAME PRINTED: _____ TITLE: _____ DATE: _____

E. CREDIT CARD AUTHORIZATION

CRS Printek ("Company") has agreed to sell product to _____ ("Customer"). As part of this agreement "Customer" authorizes "Company" to place charges for said product on their _____ credit card ("Credit Card") bearing the "Card" number of _____ expiring on _____. I, _____, have been authorized to make purchases for "Customer" and am an authorized signer on "Card". This "Card" authorization will apply and be legally binding on any future orders placed by "Customer" via phone, fax, mail, or any other means. In addition to the aforementioned card signer, orders may be placed on "Customer's" behalf by the following individuals.

Printed Name: _____ Signature: _____
Printed Name: _____ Signature: _____

Cardholder Name: _____ Date: _____

Statement Address: _____

Authorized Signer (Signature): _____ Authorized Signer (Printed Name) _____