

Print-O-Stat, Inc. | Application for Open Account



YORK (CORPORATE HQ)
 1128 Roosevelt Ave, Suite 100
 York, PA 17404
 717-854-7821 fax 717-846-4084

ALLENTOWN
 1045 Union Boulevard
 Allentown, PA 18109-1956
 610-437-0797 fax 610-439-8865

BWI
 811 Pinnacle Drive, Suites A-B
 Linthicum, MD 21090
 410-788-3644 fax 410-788-0572

CHANTILLY
 14301 Sullyfield Circle, Suite A
 Chantilly, VA 20151
 703-378-3174 fax 703-378-3175

HANOVER
 707 Third Street
 Hanover, PA 17331
 717-637-1655 fax 717-637-7274

COCKEYSVILLE
 10540 York Road, Suite I
 Cockeysville, MD 21030
 410-527-0844 fax 410-527-0689

KING OF PRUSSIA
 489 Shoemaker Rd, Suite 109
 King of Prussia, PA 19406
 610-265-5470 fax 610-265-6448

LANCASTER
 1741 Rohrerstown Rd
 Lancaster, PA 17601
 717-581-6680 fax 717-581-5224

MECHANICSBURG
 5040 Louise Drive, Suite 110
 Mechanicsburg, PA 17055
 717-795-9255 fax 717-795-9259

PITTSBURGH
 230 Executive Drive, Suite 108
 Cranberry Township, PA 16066
 724-742-9811 fax 724-742-9816

FAST COPY EAST
 2300 East Market Street
 York, PA 17402
 717-757-5554 fax 717-755-2477

Company Legal Name: _____ Company d/b/a: _____

Company Parent Company: _____ Subsidiary of: _____

Company Street Address: _____ Fax: _____

P.O. Box: _____ City: _____ County: _____ State: _____ Zip+4: _____

In Business Since: _____ Time at Present Location: _____ Number of Employees: _____

Business Owned By: Individual Partnership Corporation LLC

If Partnership or Corporation, who are Partners of Partnership or Officers of Corporation:

1. Name: _____ Title: _____ Phone: _____

Complete Address: _____

2. Name: _____ Title: _____ Phone: _____

Complete Address: _____

3. Name: _____ Title: _____ Phone: _____

Complete Address: _____

Credit References

1. Name: _____ Phone: _____

Complete Address: _____ Fax: _____

2. Name: _____ Phone: _____

Complete Address: _____ Fax: _____

3. Name: _____ Phone: _____

Complete Address: _____ Fax: _____

Bank Reference

Bank Name: _____ Phone: _____

Complete Address: _____

Contact: _____ Account No: _____

Additional Information:

AMOUNT OF CREDIT DESIRED: \$ _____ (Subject to Approval)

1. All open account terms are Net-30. Full payment for invoice amount is due 30-days from the date the invoice is issued.
2. A 1-1/2% (18% per annum) service charge will be assessed on all accounts that become past due.
3. All merchandise returns or invoicing disputes, including but not limited to quantity of items shipped, pricing adjustments, sales tax and freight overcharges, must be brought to our attention within thirty-days of invoice date. Any items on your account that have not been disputed within thirty days will be considered valid and collectible charges.
4. I understand that in signing this Application for Open Account, I am requesting that you establish open credit for our company and agree to pay all reasonable charges incurred by myself or my agent(s) in addition to any service charges incurred for past due balances, as are allowed under law.
5. In the event a collection procedure or lawsuit is instituted to recover possession of merchandise or to enforce any terms and conditions or provision thereof, I accept liability for service charges, legal fees, court costs and any other cost of collection in this matter, as allowed under law.
6. I am an authorized agent or representative of the above noted company and do hereby authorize PRINT-O-STAT, INC, its agents or assignees to investigate and substantiate any statements made on this application for open credit.



**Applicant
Details**

Full Name (Print): _____ Date: _____

Additional Comments:

Signature:

SECTION FOR USE OF STORE MANAGERS AND SUPERVISORS

Summary of Replies from Trade References:

- | | |
|---------------------------------|-----------------------------|
| _____ Discounts | _____ Accounts secured |
| _____ Prompt and satisfactory | _____ Notes secured |
| _____ Slow, but considered good | _____ Makes unjust claims |
| _____ Slow and unsatisfactory | _____ Placed for collection |
| _____ Sell for cash only | _____ Collected by attorney |

Credit Agency Ratings:

Bank Comment:

Store Manager Comment:

Sales Dept. Comment:

**Sales
Rep**

Full Name: _____ Number: _____

Approval

Terms Approved: _____ Maximum Credit: \$ _____

Approved By (Print): _____ Date: _____

Signature: