

Associated Reprographic Products, Inc.

6877 WYNNWOOD LANE - Houston - Texas 77008

NAME OF FIRM _____

DELIVERY OR STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BILLING ADDRESS (IF DIFFERENT) _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____

[CHECK ONE] CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

IF BRANCH OR DIVISION, LOCATION OF HOME OFFICE _____

OFFICERS:(1) NAME _____

TITLE _____

(2) NAME _____

TITLE _____

TAXABLE? YES _____ NO _____ (IF TAX EXEMPT, PLEASE INCLUDE EXEMPTION FORM)

ARE PURCHASE ORDERS REQUIRED? YES _____ NO _____ JOB #'S YES _____ NO _____

PERSON TO CONTACT REGARDING ACCOUNTS PAYABLE _____

CAN YOU ANTICIPATE WHAT YOUR MONTHLY VOLUME WITH US MIGHT BE? \$ _____

(A) **BANKING REFERENCES:**

NAME	ADDRESS	ACCT#	CONTACT	PHONE #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

(B) **TRADE REFERENCES:**

NAME	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I (WE) UNDERSTAND THAT THE INFORMATION FURNISHED ON THIS PAGE IS FOR THE PURPOSE OF OBTAINING CREDIT FROM ASSOCIATED REPROGRAPHIC PRODUCTS, INC. THAT I AM (WE ARE) AUTHORIZED, IN MY (OUR) CAPACITY, TO BIND MY (OUR) FIRM ACCORDINGLY. THAT ALL ACCOUNTS OR MONIES DUE YOU SHALL BE DUE AND PAYABLE ACCORDING TO TERMS. THAT ALL PAST DUE ACCOUNTS, NOTES OR JUDGMENTS SHALL AUTOMATICALLY DRAW INTEREST AT THE HIGHEST RATE ALLOWED BY LAW.

SIGNATURE _____ TITLE _____ DATE _____