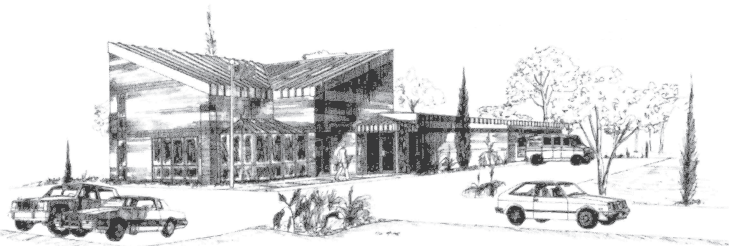


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Date: _____ Phone: _____ Fax: _____

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Address: _____

City

State

Zip

E-mail: _____

Year Business Established: _____ ☐ Individual ☐ Partnership ☐ Corporation # of Employees: _____

Name(s) or Officer(s): _____

Purchase Orders Required? ☐ Yes ☐ No

Authorized Purchaser(s): _____

Anticipated Monthly Credit Required (see below policy): \$ _____

Sales Tax Exemption Certificate Number: _____
(Attach copy: Otherwise sales tax will be charged and will be payable)

Banking: _____
Name Address City/State/Zip Telephone

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express

Name on Credit Card: _____ Zip Code: _____

Credit Card #: _____ Expiration Date: _____

Our Credit Policy

OPEN ACCOUNTS REQUIRE MINIMUM MONTHLY PURCHASES OF \$100.00. PAYMENT IS DUE WITHIN THIRTY (30) DAYS FROM THE DATE OF INVOICE. FOR YOUR CONVENIENCE, STATEMENTS ARE RENDERED ON THE FIRST DAY OF EACH MONTH. ANY INVOICE PAST DUE WILL BE ASCENDED 1.5% AND WILL BE PAYABLE VIA CREDIT CARD ON FILE WITH THIS APPLICATION, INCLUDING CREDIT CARD CHARGE FEES OF 3.25%. IN THE EVENT THE CREDIT CARD ON FILE IS EXPIRED OR PAYMENT IS DENIED, THE ACCOUNT WILL BE PLACED ON CREDIT HOLD UNTIL A CURRENT CREDIT CARD IS RECEIVED FOR THE ACCOUNT OR THE BALANCE ON THE ACCOUNT IS PAID IN FULL. CONTINUED LATE PAYMENTS WILL PUT ACCOUNT ON COD BASIS. ACCOUNTS OVER SIXTY (60) DAYS WILL BE PLACED ON COD BASIS PERMANENTLY.

I HEREBY CERTIFY THAT I AM OF LEGAL AGE AND AM AUTHORIZED TO FURNISH THE ABOVE INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT FROM MCGEE CADD REPROGRAPHICS & DRAFTING SUPPLY CO. AND AGREE TO PAY ALL LEGAL EXPENSES AND COURT COSTS REQUIRED TO COLLECT PAST DUE BALANCES.

Cardholder Signature

Title

Date

Return All Applications By Fax To (910) 392-6637

CREDIT APPLICATION



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REV 06-18-2010