



"We Reproduce Your Best Impressions!"

10549 Scripps Poway Parkway, Suite B1
San Diego, California 92131
Phone (858) 549-5380 Fax (858) 549-5379

CORPORATE APPLICATION
(Please type or print)

Maximum credit applied for: \$ _____

Date _____, 20_____

Business or Corporate Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Billing Address: _____ A/P Contact: _____

Type of Business: [] Corp. [] Partnership [] Proprietorship Yr. established: _____ Business Type: _____

If your purchases are exempt from tax, please provide a current resale# _____

Are purchase orders required on your account? [] Yes [] No

Name of Authorized Buyers: 1. _____
2. _____
3. _____

Card type [] Visa [] MC [] AMEX [] Discover Name of Firm _____

Name on card: _____ Billing Zip Code: _____

Card number: _____ Expiration: _____ CVC Code: _____

I/We authorize Replica to charge my/our credit card account for purchases made at Replica

Name: _____ Authorized Signature: _____

Please list name, address and social security number of each principle/partner/proprietor.

Name _____ Address: _____ SS#: _____

Name _____ Address: _____ SS#: _____

Name _____ Address: _____ SS#: _____

Bank Affiliation: _____ Address: _____ Phone #: _____

Bank Officer: _____

Business References:

1. _____ (_____) _____ (_____) _____
name address phone fax

2. _____ (_____) _____ (_____) _____
name address phone fax

3. _____ (_____) _____ (_____) _____
name address phone fax

Of credit extended to the firm by Replica, it is agreed that all purchases made in any particular month will be due and payable by the tenth day of the following month. The undersigned individual, to induce the granting of credit to the firm, hereby personally guarantees payment of any amount of credit extended by Replica to the firm. This guaranty is an absolute and unconditional guarantee of payment.

FOR CREDIT DEPARTMENT USE ONLY:

Length of Time Sold 1. _____ 2. _____ 3. _____
High Credit _____
Pays When Due _____
Other Comments _____
Credit Limit Authorized _____ Authorized By: _____ Date: _____
Customer Account Number _____ Account Manager _____

Name: _____ Authorized Signature: _____