



## Client Profile / Application for Credit

Date of Application: \_\_\_\_\_

### CLIENT INFORMATION

Contact Name & Title: \_\_\_\_\_

Complete Firm Name: \_\_\_\_\_

Type of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT ABOVE & BEYOND REPROGRAPHICS?

Referred by, \_\_\_\_\_

Yellow Pages, under what heading? \_\_\_\_\_

Direct mail

Information left at my office

Personal contact with employee of Above & Beyond Reprographics

Saw information at \_\_\_\_\_

Other, \_\_\_\_\_

### GENERAL INFORMATION

#### Which of our services are of interest to you?

Trial Exhibits

Digital Printing

Duplicating Services

Video Duplication

Creative Services

Other, \_\_\_\_\_

Large Format Posters

Color Copies

Mounting / Laminating

T-shirts

Document Imaging / Management

#### How would you prefer we contact you regarding services & specials?

E-mail

Fax

Mail

2161 Palm Beach Lakes Boulevard Suite 412 . Raymond Office Plaza . West Palm Beach . Florida 33409

**561.478.4774 TEL . 561.688-0493 FAX**

**www.aboveandbeyondrepro.com info@aboveandbeyondrepro.com**

digital printing

posters & signs

mounting

laminating

legal exhibits

signs & displays

copies

document imaging

coding

**Account Information**

*Pay as I go.* I understand that payment in full is required at time of pickup/delivery. I further understand that some jobs may require deposits prior to the start of any job.

*Secure Orders.* I do not wish to open an account and will pay as I go, however, I may have large jobs that I'd prefer to be billed for. I will secure this option with my \_\_\_ Visa \_\_\_ MC \_\_\_ AmX account listed below and authorize you to charge the amount of these jobs to my credit card, if the balance is not paid in full within 60 days.

*Net 30 account.* I understand that all services are payable 30 days from the date of a billing statement. I understand that payments not made in a timely manner may result in late fees of \$10.00, plus 1½% per month until the amount is paid in full.

*Automatically charge my credit card.* I would like to pay for all jobs automatically with my \_\_\_ Visa \_\_\_ MC \_\_\_ AmX account listed below.

**Credit Card Information**

Name as is appears on my Credit Card \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Account Number: \_\_\_\_\_

Billing Address for this Credit Account: \_\_\_\_\_

\_\_\_\_\_ Billing Phone Number: \_\_\_\_\_

Authorization Signature (must be signed by cardholder): \_\_\_\_\_

**Bank Reference**

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Fax Number: \_\_\_\_\_ Account #: \_\_\_\_\_

**Trade References**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Fax Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Fax Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Fax Number: \_\_\_\_\_ Account #: \_\_\_\_\_

**Account Information**

Accounts Payable Contact & Phone number: \_\_\_\_\_

Credit Limit Requested? \_\_\_\_\_ Does your company require PO Numbers? \_\_\_ Y \_\_\_ N

\_\_\_ My organization is tax exempt, I have provided a copy of my Certificate/Tax ID.

**Inquiry Authorization** By signing below, I certify that the information above is true and correct to the best of my knowledge. Furthermore, I authorize information regarding my credit worthiness to be released to Above & Beyond Reprographics for the purposes of obtaining a line of credit for services and products. I understand that any misrepresentation of the information presented here will result in the immediate termination of any account privileges.

X: \_\_\_\_\_

COMPANY USE ONLY: Info verified by: \_\_\_\_\_ Account # Issued \_\_\_\_\_ Credit Line \_\_\_\_\_