

# COPY GENERAL®

Corporate Offices:  
102-G Executive Drive ★ Sterling, VA 20166  
Tel: (703) 478-5252 ★ Fax: (703) 478-5254

Office Use Only	
A	_____
D	_____
CL	_____
RD	_____
#	_____
Location	_____

★ Please TYPE or PRINT NEATLY ★

Firm/Organization Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Telephone: ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Web Site: \_\_\_\_\_

## BILLING INFORMATION

Same as above

Billing Address, if different from above: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Name of person or department where invoices/statements should be sent: \_\_\_\_\_

## ABOUT THE BUSINESS

Firm/Organization is a:  Corporation  Non-Profit  Partnership  Sole Proprietorship  
Firm/Organization has been in business for \_\_\_\_\_ years.  
Other names under which the firm/organization has operated: \_\_\_\_\_

Names and Titles of Principals:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

## CREDIT INFORMATION

Bank Name: \_\_\_\_\_ Main Account Number: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Sales Tax Status:**  Taxable  Non-Taxable for Resale (please complete reverse side)

Non-Taxable (Non-profit or otherwise, please complete reverse side AND attach copy of exemption certificate)

## TRADE REFERENCES

Please use only local trade references. Large companies, such as FedEx or American Express will not give out information. This may delay the processing of this application. Location

Company Name	Contact Person	Telephone	Fax
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**CREDIT TERMS:** Our credit terms are "NET UPON RECEIPT OF INVOICE." It is agreed that invoices will be paid when they are received. Statements are issued on a monthly basis in order that clients may reconcile their accounts and to be sure all invoices and payments are properly recorded.

*I certify that the information provided on this form is correct. I authorize Copy General Corporation to obtain or release credit information and investigate the above references to substantiate this request for credit, and I hereby agree to pay all charges, including any finance or service charges, as well as all costs of collection agency fees, court costs, and reasonable attorney's fees incurred in collecting any past-due amounts.*

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR CREDIT PRIVILEGES