

MINIMUM OF 2 BUSINESS DAYS REQUIRED TO ESTABLISH NEW ACCOUNT

# CAPITOL COPY SERVICE

116 West State St  
Trenton, New Jersey 08608  
609-989-8776

# CREDIT APPLICATION

## GENERAL INFORMATION

SALES TAX EXEMPT  PLEASE PROVIDE EXEMPT FORM

Name of Company or Individual \_\_\_\_\_

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

Shipping Address \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Name of Principals \_\_\_\_\_

Type of Organization  Corporation  Partnership  Proprietorship  Individual

**Trade Credit Reference** (ACCOUNTS WHERE YOU HAVE ESTABLISHED CREDIT APPLICATION CANNOT BE PROCESSED WITHOUT VALID REFERENCES.)

1. Company Name \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

2. Company Name \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

3. Company Name \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Estimated monthly line of credit \$ \_\_\_\_\_

The above information is given for the purpose of obtaining credit and is warranted to be true.

We affirm that we are financially able to meet

our obligations, and will remit in accordance with invoice terms.

|                   |
|-------------------|
| CCS USE ONLY      |
| APPROVED BY _____ |
| DATE _____        |

Date \_\_\_\_\_ Signature & title of officer, partner, or proprietor \_\_\_\_\_