



CREDIT APPLICATION

218 MAIN STREET, EAST SETAUKET NY 11733

PHONE: 631-928-2904

FAX: 631-590-5844

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

All Invoices are due on a net 30 days basis. We also understand and agree that Reytec Imaging Inc. has our permission to Conduct a credit investigation including but not limited to bank and trade references, and credit bureaus. If this account goes out of terms, we agree that Reytec Imaging Inc. may assess us, and we agree to pay, reasonable late charges (not to exceed 2% per month, as permitted by law), attorney fees, collection agency fees and other costs associated with their collection efforts. This agreement shall be governed by the laws of the State of New York. In consideration of the extension of credit to our company, the undersigned jointly and severally agree to be held personally liable for the payment of any and all amount owed to Reytec Imaging Inc. by our company.

SIGNATURES

Signature: _____ Title: _____

Type/Print: _____ Date: _____