To set up an account with Aspen or Valley Reprographics e-mail or fax the Application for Credit back to our office:

Aspen Reprographic Service
Box 2289
Aspen, CO 81612

e-mail: aspenrepro@comcast.net
fax: 970-925-9411

APPLICATION FOR CREDIT

BY:

NAME OF FIRM OR INDIVIDUAL

ADDRESS — YEARS AT THIS ADDRESS

CITY — STATE — ZIP — AREA CODE — PHONE

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

ASPEN Reprographic SERVICE
120 E. Main St. Suite 300
Aspen, CO 81611
970/925-1771

CREDIT MANAGER
NET 30 DAYS
OUR NORMAL CREDIT TERMS

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP: ☐ Corporation ☐ Check here if incorporated within the past 12 months ☐ Partnership ☐ Individual

1. NAME(S) OF PRINCIPAL(S) — COMPLETE ADDRESS — ZIP — PHONE
2.
3.
4.

FINANCE:

BANK — BANK ADDRESS

BANK OFFICER OR DEPARTMENT — PHONE

REFERENCES:

1. BUSINESS NAME — COMPLETE ADDRESS — ZIP — PHONE
2.
3.
4.

☐ Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. NET 30 DAYS. A FINANCE CHARGE MAY BE IMPOSED ON OVERDUE STATEMENTS.

(Signed) _____

Date _____ 20____ (Print Name & Title) _____

Please do not write in the space below

VERIFICATION:

REFERENCES CHECKED BY

REFERENCE RESULTS

☐ CREDIT APPROVED, BY

☐ CREDIT REFUSED, BY

DATE