

CREDIT APPLICATION



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4500 N. 10th, Ste. 240 (Uptown Plaza)
McAllen, TX 78504

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Fax: (956) 668-7590



Applicant Information:

Name of Business: _____ E-Mail Address: _____
Street Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____
Billing Address (if different from above): _____ Suite: _____
City: _____ State: _____ Zip Code: _____
Primary type of Business: _____ Telephone #: _____ Fax#: _____

Principal Owners & Officers:

Name: _____ Social Security #: _____ - _____ - _____
Position or Title: _____ Full Time _____ Part Time _____
Home Address: Street-City-State-Zip _____
How Long in Business? _____ Amount of Credit Line Requested: _____
Please select one: Individual / Sole Proprietorship _____ Corporation _____ Partnership _____ Other _____ State of Incorporation: _____

Bank and Business Information:

Please furnish us the information below for one bank reference and two supplier references..

Bank Name: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Contact Person: _____
Supplier Name: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Contact Person: _____
Supplier Name: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Contact Person: _____

