



Credit Agreement

Fax completed form to (888) 513-6872

(713) 243-7200 Fax: (888) 513-6872 Web Site: www.berepro.com Email: berepro@berepro.com FTP Site: <ftp.powweb.com>

Name of Firm (Purchaser): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____ Fax: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Sales Tax Status: Taxable Exempt

Business Style: Proprietorship Corporation Partnership Other: _____

Years in Business: _____ Estimated Monthly Volume with B & E: _____

Officers Name:	Title:	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do You Require: (Check all that apply) Purchase Orders Job Names or Numbers Monthly Statements

We are required by law to charge tax on all accounts unless we receive an executed Sales Tax Exemption form.

Direct accounts payable inquiries to: Name: _____

Phone: _____ Email: _____

Trade References (from Reprographers/Printers if possible):	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

All invoices are to be paid 30 days from the date of the invoice to 3664 Walnut Bend Lane Bldg. A, Houston, TX 77042. Claims arising from invoices must be made within 7 working days. By submitting this application you authorize B & E Reprographics, Inc. to make inquiries to the banking, savings, business, and/or trade references you have supplied. This agreement is governed by Title VII of the Consumer Credit Protection Act and the laws of the State of Texas. Any and all disputes arising as a result of this agreement shall be adjudicated within the State of Texas and applicable law.

I HAVE CAREFULLY READ THIS AGREEMENT AND CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND CORRECT AND ALL INFORMATION GIVEN IS ACCURATE. I FURTHER CERTIFY THAT I HAVE FULL AND COMPLETE AUTHORITY TO BIND THE PURCHASER PURSUANT TO THE TERMS OF THIS CREDIT AGREEMENT.

Signature: _____ Title: _____ Date: _____