

# Trukmann's Reprographics.

## CREDIT APPLICATION

### INSTRUCTIONS

1. Complete all fields.
2. Print, sign and fax to 973.285.4310 OR print, sign, scan and e-mail to [wkorman@trukmanns.com](mailto:wkorman@trukmanns.com).



4 Wing Drive  
973-538-7718



Cedar Knolls, NJ 07927  
FAX: 973-285-4310

**Credit Application**

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Ownership: Corporation  Partnership  Individual  Federal Tax ID#: \_\_\_\_\_

Principal Line of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Name of Person in Charge of Accounts Payable: \_\_\_\_\_

Please indicate how you came to *Trukmann's Reprographics*:

Salesperson (Name): \_\_\_\_\_ Referred by: \_\_\_\_\_

Name of Officer/Partner: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Application for credit is hereby made and the following references given. It is understood this information will be held in strictest confidence and used only by your Credit Department.*

**Banks:**

Checking/Savings Acct: \_\_\_\_\_ Checking/Savings Acct: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Business References Where Credit is now Extended (please provide a minimum of 4 references):**

*References listed below are authorized to release information to Trukmann's Reprographics.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

**Anticipated Monthly Average:** \_\_\_\_\_

IF THE APPLICANT (OWNER/STOCKHOLDERS) WERE PREVIOUSLY OR ARE PRESENTLY INVOLVED IN ANY INSOLVENCY PROCEEDINGS, BANKRUPTCY, ASSIGNMENT FOR THE BENEFITS OF CREDITORS, OR OTHER SIMILAR LEGAL PROCEEDINGS, PLEASE INCLUDE A SEPARATE PAGE WITH EXPLANATION.

THE NEW ACCOUNT APPLICANT ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION AND REPRESENTATION MADE HEREIN ARE FOR THE PURPOSES OF INDUCING TRUKMANN'S INC. (ALSO D.B.A./THE LEGAL GRAPHIC CENTER) TO ACCEPT THEIR NEW ACCOUNT AND WHERE APPROPRIATE, EXTEND CREDIT TO THEM IN ACCORDANCE WITH THE POLICY OF TRUKMANN'S INC. THE NEW ACCOUNT APPLICANT CERTIFIES TO TRUKMANN'S INC. THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE AND RECOGNIZES THAT IN THE EVENT ANY STATEMENT OR REPRESENTATIONS MADE HEREIN ARE FOUND TO BE INACCURATE OR INCOMPLETE THAT TRUKMANN'S INC. RESERVES THE RIGHT TO CEASE CREDIT AND/OR TERMINATE THE ACCOUNT.

THE NEW ACCOUNT APPLICANT FURTHER UNDERSTANDS AND AGREES THAT IN THE EVENT TRUKMANN'S INC. DELIVERS GOODS TO THE NEW ACCOUNT APPLICANT AND THE APPLICANT ACCEPTS THOSE GOODS IN ACCORDANCE WITH THE POLICY OF TRUKMANN'S, INC., THAT THE PERSON SIGNING THIS CREDIT APPLICATION ON BEHALF OF THE PURCHASER PERSONALLY AND INDIVIDUALLY GUARANTEES THE FULL AND PROMPT PERFORMANCE OF THE PURCHASER AND THE PAYMENT OF ALL SUMS DUE SELLER, NOTWITHSTANDING THE AMOUNT, IF ANY, SET FORTH AS THE DESIRED CREDIT LINE, AND IN THE EVENT OF COLLECTION PROCEEDINGS AND/OR LEGAL ACTION BEING NECESSARY TO RECOVER PAYMENT BY TRUKMANN'S, INC., THAT THE APPLICANT SHALL BE RESPONSIBLE FOR ALL REASONABLE COLLECTION FEES AND ATTORNEY'S FEES TOGETHER WITH COSTS.

*We understand your terms are NET 30 DAYS and agree to abide by them.*

\_\_\_\_\_  
*Signature of Owner or Officer Only*

\_\_\_\_\_  
*Please Print Name of Authorized Owner/Officer*

*Terms: NET 30 DAYS following Date of Invoice*

1.5% Service charge will be Assessed on any Amount over 60 Days, (subject to Change)