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BUSINESS CREDIT APPLICATION

Type of business: Company Corporation Partnership

Name: _____ Phone: _____

BILLING ADDRESS

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

DELIVERY ADDRESS

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

PERSON TO CONTACT

Are purchase orders required? Yes No

Sales Tax Status Taxable Non-taxable (If non-taxable, attach a signed tax exemption certificate)

Name of person to contact regarding payment: _____ Phone: _____

STATEMENT DELIVERY METHOD

Statements should be: FAX to: _____

(Select only one) Emailed to: _____

BANK REFERENCE

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account # _____

SUPPLIER REFERENCES

Name	Address	Phone	AccountNo.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TERMS

The customer hereby agrees to pay all cost, including Attorney's fees, if turned over to an attorney for collection. The customer also agrees to be held responsible for any person in their employment that orders or receives merchandise and also responsible for individuals or companies that they are working with on a project that charge on the above client's account. Payment are to be made within 30 days from invoice date. Interest charge at 2% per month (24% per annum) will be added to accounts over 30 days past due.

I understand that the information furnished on this application is for the purpose of obtaining business credit. To the best of my knowledge, the information given is true and correct. Further, I have read the Terms and agree to them as stated.

Signature of person making application

Title

Date