

**INSTRUCTIONS FOR USING THIS FORM:**  
fill out ALL sections, sign and fax to Lawton Reprographic Centers, Inc. Authorized signature required.

# Credit Application (Corporate)



14109 Inwood Rd. #100, Dallas, Texas 75244  
Phone 972-980-2957 Fax 972-980-1865  
Website: www.lawtonrepro.com

**Corporate Information**

Type of account requested: *Corporation _____ Partnership _____ Other Company _____		
Name:		Date:
Billing Address:		
City/State/Zip:		E-Mail:
Phone No.:		Fax No.:
Shipping Address: (if different from billing)		
Type of Business:		Number of years in business:
Former address if at present address less than 6 months:		
Name of Owner or President:		
Home Address:		Phone No.:
Name of person to contact regarding payment:		Phone No.:
Are purchase orders required? Yes ____ No ____ If Tax exempt, please attach a copy of exemption certificate		

**Bank Reference**

*Please provide full name, address, phone and fax numbers on all references*

Bank Name:	
Address:	
Phone:	Fax No.:
Contact:	Account No.:

**Trade References (3 required)**

*Please provide full name, address, phone and fax numbers on all references*

Company Name:	Phone No.:	Fax No.:
Address:		Contact:
Company Name:	Phone No.:	Fax No.:
Address:		Contact:
Company Name:	Phone No.:	Fax No.:
Address:		Contact:

Amount of Credit Requested \_\_\_\_\_

NOTE: Terms Net 10th prox. Interest at the maximum legal rate may be added to accounts over thirty (30) days.  
All accounts due and payable in US Funds, Dallas County, Texas.

\_\_\_\_\_  
Authorized Signature Title Date

\*If a new Corporation please complete reverse side