



Your Complete Copy Center in South County

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## NEW ACCOUNT APPLICATION

BUSINESS OR CORPORATE NAME.			APPLICATION DATE.		
BUSINESS BILLING ADDRESS.			BUSINESS DELIVERY ADDRESS.		
CITY*	STATE.	ZIP CODE:	CITY.	STATE.	ZIP CODE:
BUSINESS TELEPHONE:..-	FAX NO.	BUSINESS DESCRIPTION:			YEAR ESTABLISHED:

### BANK OR SAVINGS AND LOAN ASSOCIATION:

BANK NAME:	BRANCH:	TELEPHONE NUMBER	TYPE OF ACCOUNT (S):
BANK CONTACT	ADDRESS:	ACCOUNT NUMBER (S):	

### PRINCIPAL SUPPLIERS: (PLEASE USE LOCAL REFERENCES WHERE POSSIBLE)

NAME:	TELEPHONE NUMBER:
NAME:	TELEPHONE NUMBER:

### OWNERS: (IF APPLICANT IS A SOLE PROPRIETOR OR PARTNERSHIP) OFFICERS: (IF APPLICANT IS A CORPORATION)

NAME*	TITLE
NAME*	TITLE

**STATEMENT OF CREDIT POLICY:** We expect our accounts to meet their financial obligations. Accounts 30 days past due: We will release additional material only when prudent. Accounts 60 days past due: We will release material only on a C.O.D. basis. Accounts 90 days past due: No further service will be given until the entire past due balance is paid

**Our TERMS OF SALE are:** All bills due and payable on the 10th of the month following the purchase. There is a 5% Late Charge on all accounts 30 days past due.

I hereby certify that the information above is true, accurate and complete to the best of my knowledge and belief. I except the TERMS OF SALE. If credit is extended as a result of this application, I hereby acknowledge and agree to your credit terms which call for payment in full 30 days from month end (net 30 EOM). I agree to pay finance charges assessed on amounts unpaid beyond your credit terms.

In addition, I understand that WATSONVILLE BLUEPRINT must be notified of a dispute on a statement (mailed out on or about the Twenty fifth of each month), within fifteen days of receipt of that statement. After fifteen days, all items on the statement will be considered final. If at some point, WATSONVILLE BLUEPRINT is forced to take legal action to collect this account I understand that I am liable for reasonable attorney's and collection fees. Venue to be Santa Cruz County, California. I also understand that, should the company now applying for credit change ownership or if the company changes it corporation status a new credit application will be required.

We appreciate your patronage. We expect your account to be paid on a timely basis and within the normal terms. If there are individual problems, or requirements, please call Patricia or Barbara, 831-728-7717.

\_\_\_\_\_  
 SIGNATURE OF OFFICER, PARTNER, OR PROPRIETOR

\_\_\_\_\_  
 NAME AND TITLE