



Application for Credit

Please fill out each portion of the form below and return or fax to Triangle Reprographics, Inc.

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____

Type of Business: _____ How long in Business: _____

Contact Person: _____

Is a Purchase Order required? _____

If a Blanket P.O. will be used, list Number and Expiration Date: _____

To qualify for Tax Exemption, please provide Tax Number: _____

To whose attention should invoices be sent? _____

Trade References: (Please list names, address and phone numbers. Do Not list credit cards)

OUR TERMS: NET 30 DAYS

How did you hear about Triangle Reprographics? Phone Book Advertisement _____

Sales Person (name) _____ Customer Referral (name) _____

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