

1785 South 4130 West, Suite K Salt Lake City, Utah 84104 Phone (801) 973-4813 Fax (801) 973-1616

Date	, 20			
	Maximum credit applied for:			
	Φ.			

## ACCOUNT APPLICATION

(Please type or print)

NAME OF FIRM		Phone No				
Street and/or Building			Fax No			
Mailing Address						
City		State		Zip Code		
Kind of Business						
Name of Officers or Owners of Firm						
Years Established Is business i						
Bank Affiliation Add	Affiliation Address		Tel.#			
Bank Officer						
	1					
Names of authorized buyers on this account	2					
	3					
Are Purchase Orders required to charge your ac	ccount?					
Business References:						
1 2			3			
Name	Name			Name		
Address	Address		Address			
	Tel. #			Tel. #		
If credit is extended to the firm by Kwik Kopy Pr	_	all purchases mad	le will be due and	payable within 30 calendar days		
of the date the charge was posted to the account	(Net 30).					
			Name	e of Firm		
		By (Signed)				
		~ <u> </u>	as an office	er of the Firm		
		(D::::4)				
		(Printed)				
FOR CREDIT DEPARTMENT USE ONLY:						
		2		3		
Terms Pays when due						
Other Comments						
Credit Limit Authorized						
Credit Ellilit Authorized						
Authorized by:	Date:					