



SOHO REPROGRAPHICS INC.

381 BROOME STREET, NEW YORK, NY 10013
TEL: 212.925.7575 FAX: 212.925.9741
FEDERAL TAX ID NO. 13-3856325

CREDIT APPLICATION

Company _____
Address _____ Room/Floor _____
City _____ State _____ Zip _____
Tel _____ Fax _____
Email _____
Years at this location _____
Billing Address if different:
Street _____
City _____ State _____ Zip _____
Tel _____ Fax _____

Type of Organization

☐ Proprietorship ☐ Individual ☐ Partnership ☐ Corporation
If division or subdivision, name of parent corp. _____
Year of founding or incorporation _____
President, Owner, or Administrator _____
Owner's home address _____

Owner's home telephone no. _____
Treasurer/Controller _____
Accounts Payable Manager _____

Approximate number in firm:

Employees ☐ 1-5 ☐ 6-15 ☐ 16-50 ☐ 51-100 ☐ over 100

Business Type

Please check the category that best reflects the primary business of your company:

☐ Architect ☐ Schools/Universities
☐ Ad or Design ☐ General Office
☐ Industrial ☐ Construction
☐ Engineering ☐ Printing/News/Pub.
☐ Municipal/Federal ☐ Miscellaneous

Please list the following individuals where applicable:

Marketing Mgr. _____
Design Mgr. _____
Office Mgr. _____
Facilities Mgr. _____

Trade Reference

Please do not use oil companies, credit cards, IBM, Xerox or public utilities as these firms will not confirm such information.

Firm _____
Street _____
City _____ State _____ Zip _____
Telephone no. _____ Account # _____
Firm _____
Street _____
City _____ State _____ Zip _____
Telephone no. _____ Account # _____
Firm _____
Street _____
City _____ State _____ Zip _____
Telephone no. _____ Account # _____

Bank Reference

Name of Bank _____
Street _____
City _____ State _____ Zip _____
Telephone no. _____
Bank Officer _____
Date _____
Authorized Signature _____

Authorization for Bank Credit Inquiry

I hereby authorize _____
(name of bank)

to reveal normal credit information to the Credit Manager of Soho Reprographics for the purpose of the establishment of trade credit.

Name of Account _____
Account Number _____
Authorized Signature _____

Please type or print clearly and fill out application completely to expedite processing.

Tax exempt organizations must complete and sign the reverse.

Terms: Net 15 Days

SIGNATURE _____

PRINT NAME _____

TITLE _____

DATE _____