

**\*Please email to ar@reproproducts.com or fax to (770) 434-0774 attn: Accounting Dept.**



4485 Atlanta Road  
Smyrna GA 30080  
866.665.7604  
www.reproproducts.com

1100 Old Ellis Rd  
Roswell, GA 30076  
770.408.1880



4485 Atlanta Road  
Smyrna GA 30080  
855.706.3050  
www.safetyproductstore.com



1100 Old Ellis Rd  
Roswell, GA 30076  
678.578.2359  
www.4colorlaser.com

Sales Rep \_\_\_\_\_

Acct Approved by \_\_\_\_\_

## CREDIT APPLICATION

Credit Requested \$ \_\_\_\_\_  
(Financial Statement required over \$10,000)

Date \_\_\_\_\_

Purchase Order Required?  Yes  No

## COMPANY INFORMATION

**BUSINESS NAME** \_\_\_\_\_  
**BILLING ADDRESS:**  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Atlanta City Limits? Yes  No   
Tax ID# \_\_\_\_\_  
Sales Tax Exempt? Yes  No  Tax # \_\_\_\_\_  
Certification # \_\_\_\_\_ (Attach Form)

**CORP. NAME (If Different)** \_\_\_\_\_  
**SHIPPING ADDRESS:**  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
County (If Shipped in Georgia) \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

A/P Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

List Proprietorship Partners or Shareholders:

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
S.S. # _____	S.S. # _____	S.S. # _____
Phone # _____	Phone # _____	Phone # _____

## TRADE REFERENCES

Name _____	Name _____	Name _____
Acct# _____	Acct# _____	Acct# _____
Phone # _____	Phone # _____	Phone # _____
Fax # _____	Fax # _____	Fax # _____
Email _____	Email _____	Email _____

## BANK REFERENCES

Name _____	Name _____
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Contact/Phone # _____	Contact/Phone # _____
Ck Acct # _____ Loan # _____	Ck Acct # _____ Loan # _____

The above information is for the purpose of obtaining credit with Repro Products Inc. / Safety Products Store / 4ColorLaser and is warranted to be true. I certify that I have authority to incur liabilities in the name of the Company and hereby authorize the firm to whom the application is made to make any credit inquiries necessary for approval, pertaining to the Fair Credit Reporting Act. I understand that any credit granted is due and payable 30 days from the date of the purchase, and I agree to pay a finance charge on all past due balances computed according to state credit laws. Purchaser agrees to pay all costs of collections, including attorney fees, in the event of default.

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Title \_\_\_\_\_  
Date \_\_\_\_\_