

**APPLICATION FOR
OPEN ACCOUNT TERMS**

COMPANY NAME		BILLING ADDRESS	
SHIPPING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS)		CITY, STATE, ZIP CODE	
TELEPHONE		IF SUBSIDIARY OR BRANCH, PARENT COMPANY NAME	
BUSINESS STRUCTURE (CORP, PARTNERSHIP, SOLE PROPRIETOR)		ADDRESS OF PARENT COMPANY	
FED TAX I.D. OR SOC. SEC. NO.	TYPE OF BUSINESS	CREDIT LIMIT REQUESTED	

COMPANY PRINCIPALS	TITLE	ADDRESS (INCLUDING CITY, STATE, ZIP)

TRADE REFERENCES	MAILING ADDRESS	CITY, STATE, ZIP	TELEPHONE NUMBER

FINANCIAL REFERENCE			
BANK NAME		STREET OR P.O. BOX NO.	
TELEPHONE	ACCOUNT NUMBER	CITY, STATE, ZIP	CONTACT

TERMS AND CONDITIONS

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery; (2) Any charges unpaid after the above 30 days are to be increased by 1.5% per month; (3) Any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (4) Title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) All claims, requests for adjustments, or notification of errors must be made within 15 days, or charges are considered accepted; (6) This agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

By submitting this form, I authorize Proforma American Filing Solutions, permission to obtain credit information from any credit agency and my bank(s). Submitting this form, you are bound to all terms and conditions. Please allow 4 to 6 weeks for processing, any questions call 951-679-4190 x 8958 or 888-891-1970 x 8958. Please fax to 951-679-0455.

PRINT OR TYPE YOUR NAME _____

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____

PERSONAL GUARANTEE OF PRINCIPAL

_____ DATE _____