

RGS Repro*Graphic* Solutions

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798-2022Alternatively, please e-mail to: ar@rgsgroup.net

ORGANIZATIONAL INFORMATION

CREDIT APPLICATION FORM

Please type or print clearly. To expedite processing, please complete all sections BILLING ADDRESS Company:		Partnership Sole Proprietorship LLC Corporation Year of Incoporation: President or Owner			
			dba:		Contact:
			Street:		Company Federal I.D. Number or Social Security Number:
City:					
State:	Zip Code:				
Tel:		NOTE: THIS IS A			
Fax:		SIERRA PLAN ROOM CUSTOMER			
LOCAL ADDRESS - LAS VEGAS AREA					
Street:					
City:		CREDIT REFERENCES			
State:	Zip Code:	1) Firm			
Tel:		Tel:			
Fax:		Fax:			
ACCOUNTS PAYABLE MANAGER (A/P)		Account #:			
Contact:		2) Firm			
Email:		Tel:			
AUTHORIZED USERS ON ACCOUNT		Fax:			
Contact:	Tel:	Account #:			
Contact:	Tel:	3) Firm			
Contact:	Tel:	Tel:			
		Fax:			
NOTE: THIS IS A SIERRA PLAN ROOM CUSTOMER		Account #:			
INVOICE POLICY		RGS Terms & Conditions: Net 30 days from date of invoiceI certify all the information given on the application is correct and thatI have agreed to abide by the terms and conditions set forth by RGS			
Do you require a purchase order number		Authorized Signature:			
Yes No		Print Name:			
Please indicate if you are exempt from sales tax, please enclosea copy of your exemption certificate Yes No		Title:			
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Estimated Monthly Credit Requirements:		Please return completed form by mail or fax to: (702)			

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