



Copy Simple 4925 Greenville Avenue Dallas, Texas 75206 682-651-5696 copiers@callcopysimple.com

CREDIT APPLICATION		CONTACT		
			FAX	
IAME		YEARS IN BU	YEARS IN BUSINESS	
ADDRESS		•	nree years, principal information required	
			#	
PHONE FAX				
	OFON _ CORPORATION _ PARTNER:	SHIP - PROPRIETORSHIP - OTHE	R (describe)	
			JRITY #	
	ME ADDRESS			
BANK REFERENC	CES:			
ANK NAME		BANK NAME		
	FAX		FAX	
RADE REFEREN	ICES:			
AME		EQUIPMENT		
	FAX			
			s)	
AME		SECURITY DEPOSIT ((# of months)	
HONE	FAX	FUNDING AMOUNT \$		
DDRESS		RATE FACTOR		
ONTACT		MONTHLY PAYMENT	(without Sales Tax) \$	
		PURCHASE OPTION		
			□ 10%	
	FAX		□ \$1.00	
			□ OTHER	
CONTACT				

commercial and consumer reporting agencies for the sole purpose of determining an open line of credit for business use only and that all of the information is true and correct. All information will be held in strictest of confidence. PLEASE ATTACH TAX EXEMPTION CERTIFICATE (IF APPLICABLE).

·			
AUTHORIZED SIGNATURE	NAME	TITLE	DATE