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OFFICE USE	INITIALS	DATE
RECEIVED		
INVESTIGATED		
APPROVED		
OPENED		
CUSTOMER #		

CUSTOMER ACCOUNT/CREDIT APPLICATION

Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:				
City:	State:	ZIP:	Phone:	Fax:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name and Address of Your Bank:	

Trade References (PLEASE LIST OPEN ACCOUNTS ONLY – LOCAL REFERENCES PREFERRED)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the trade references (businesses) listed in this credit application to release necessary information to Marathon Reprographics for which credit is being applied for in order to verify the information contained herein.

Signature

Date