

KJCKD, Inc.
dba Camelot Print & Copy Center(s) * Copy A
Second

CREDIT APPLICATION

Please **PRINT & complete in entirety.**

*****If you are TAX EXEMPT, please INCLUDE the appropriate DOCUMENTATION*****

Legal Name of Business _____ DBA _____

Billing Address _____ Phone _____

City/State/Zip _____ Fax _____

Tax ID/SS# _____ Address (for deliveries, if different from billing address) _____

Name, Home Address, and Phone # of Principal or Majority Owner:

Name _____ Title _____ Phone _____

Home Address _____ City/State/Zip _____

Accounts Payable Contact _____ Phone _____

Address (if different) _____

Fax _____ Email _____

In an effort to reduce waste, please consider having us email you your invoices:

Mark preference: INVOICES MAILED _____ INVOICES EMAILED _____ to email address: _____

Bank _____ Account # _____

Address _____ Phone _____

City/State/Zip _____

As a purchaser of goods and/or services from KJCKD, Inc. I hereby agree to the following terms and conditions:

- 1) All purchases will be paid for pursuant to the terms of the invoice. If approved, terms will be Net 30.
- 2) All orders will be examined upon receipt and KJCKD, Inc. will be notified promptly of any claims for lost, damaged, defective merchandise and/or any errors or discrepancies in the job.
- 3) The purchaser will immediately notify KJCKD, Inc. of any changes in the composition, form, or legal entity status of the purchaser's business.
- 4) Any customer issuing an NSF (non-sufficient funds) check will immediately be placed on a COD-certified funds basis (cash, money order, cashier's cheque). A \$25.00 service charge will be assessed per check returned.
- 5) A finance charge of 2% per month will be assessed on the unpaid balance if payment is not made within the terms stated on the invoice.
- 6) The purchaser authorizes KJCKD, Inc. to request and verify business credit, financial, and/or personal data as per the information provided on the credit application in order to set up and re-evaluate the purchaser's account.
- 7) The purchaser agrees to pay all collection, attorney fees, and/or court costs necessary to collect unpaid debts.
- 8) A faxed application will be deemed as original.
- 9) Any modifications to this agreement must be in writing and signed by both purchaser and KJCKD, Inc.

Date _____

I hereby certify that I am authorized by the company listed above to make purchases and/or agree to these terms.

Signature of Authorized Employee _____

Print Name and Title _____

KJCKD Account Rep _____

Tel: 518-435-9696 Fax: 518-435-9688 630 Columbia Street Ext. Latham, NY 12110 www.teamcamelot.com

Please complete this form and either fax it to 518-435-9688 or email to ar@teamcamelot.com