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**plotterdoctors**  
INCORPORATED

P: 623-594-6570

## New Customer Account Application For Credit

**Exact Legal Company Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Federal Tax ID #** \_\_\_\_\_

**Ownership: Sole Owner** \_\_\_\_\_ **Partnership:** \_\_\_\_\_ **Corporation:** \_\_\_\_\_

**Other:** (please specify) \_\_\_\_\_

\*\*\*If company is tax exempt, please attach Resale Certificate or AZ Form5000\*\*\*

**Purchasing Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Accounts Payable Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Billing Address:** (if different from above) \_\_\_\_\_

\_\_\_\_\_

**TRADE REFERENCES (Major Suppliers)**

**Company:** \_\_\_\_\_ **Acc#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Acc#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Acc#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Anticipated Monthly Volume with Plotter Doctors:** \$ \_\_\_\_\_

**Credit Amount Requested :** \$ \_\_\_\_\_

**Terms Requested:**

Credit Card \_\_\_\_\_ Net 10 \_\_\_\_\_ Net 30 \_\_\_\_\_

**Authorization To Release Information**

I hereby authorize any and all References listed above to release any information necessary to assist in establishing a line of credit. We hereby agree to pay by the terms of sale listed on each Plotter Doctors invoice. In case of a credit sale, we agree that Plotter Doctors may charge a finance fee of one and one-half percent per each thirty-day period or part thereof, for any invoice that is past due. In order to induce Plotter Doctors to extend credit for the purchase of Plotter Doctors products and for other goods and valuable consideration, we hereby convey, grant, and transfer to Plotter Doctors a purchase money security interest in the products and all proceeds until we perform all our obligations due to Plotter Doctors. If customer is turned over to a collection agency, any collection expenses will be added to the amount owed to Plotter Doctors at the time the customer was placed into collections. This application and agreement shall be construed, interpreted, and enforced under and in accordance with the internal laws of the State of Arizona, excluding its conflicts or choice of law rule or principals which might refer to the law of another jurisdiction. Venue shall be in Maricopa County, Arizona or as determined by Plotter Doctors.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED FORMS TO: MEILANI TAKAKI**

**FAX: 623-594-6773      EMAIL: [meilani@plotterdoctors.com](mailto:meilani@plotterdoctors.com)**

**\*\*\*\*Once the completed documents are received, you can expect a response within 2 business days. Again, thank you for opening an account with Plotter Doctors; we look forward to being your distributor of choice. \*\*\*\***