



2105 West 2300 South  
 Salt Lake City, Ut. 84119  
 Phone: 801-972-6120  
 Fax: 801-972-0351  
 Wats: 800-453-8214

OFFICE USE ONLY	
Credit Status _____	Credit Line _____
Sales Rep. _____	Sisrp No. _____
Credit _____	D&B _____
Customer Number _____	
Date _____	

## CUSTOMER INFORMATION REQUEST

SUN LITHO SALES REP YOU ARE WORKING WITH: \_\_\_\_\_

FIRM \_\_\_\_\_ TELEPHONE \_\_\_\_\_

LEGAL OWNER, PARTNERS, OR OFFICERS IF INCORPORATED  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

BILLING ADDRESS  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DELIVERY ADDRESS  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**REFERENCES:** (PLEASE FILL IN COMPLETE MAILING ADDRESS)

- NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_
- NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_
- NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_
- NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
NAME AND BRANCH

BANK ACCOUNT NUMBER \_\_\_\_\_ CONTACT OFFICER \_\_\_\_\_

SIGNED \_\_\_\_\_  
FULL NAME OF FIRM

BY **X** \_\_\_\_\_  
NAME TITLE

I herby authorize you, as my bank of record, to release credit information to *SUN LITHOGRAPHING COMPANY*.

**CREDIT CARD INFO:**

KEEP CREDIT CARD INFORMATION ON FILE: YES \_\_\_\_\_ NO \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Do you require a Purchase Order Number: No \_\_\_\_\_ Yes \_\_\_\_\_

Do you require more than one copy of the invoice? No \_\_\_\_\_ Yes \_\_\_\_\_

Estimated amount of opening order \$ \_\_\_\_\_

Check one of the following: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Years in Business \_\_\_\_\_

Type of Business (Check one):

\_\_\_\_\_ Advertising \_\_\_\_\_ Manufacturing \_\_\_\_\_ Wholesale Trade \_\_\_\_\_ Retail Trade \_\_\_\_\_ Service

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

Product or Service provided \_\_\_\_\_

Person Handling Payables \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE RESALE TAX EXEMPTION**

I HEREBY CERTIFY: That I hold valid Seller's Permit Number\* \_\_\_\_\_ issued pursuant to the Sales and Use Tax Law. The tangible personal property described herein which I shall purchase from **SUN LITHOGRAPHING CO.** will be resold by me in the form of tangible personal property; provided however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business; it is understood that I am required by the Sales and Use Tax Law to report and pay the tax, measured by the purchase price of such property. Description of property to be purchased

\_\_\_\_\_  
\_\_\_\_\_

\*No permit held for reasons as follows: \_\_\_\_\_

\_\_\_\_\_

By \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**TERMS:**

1. **Terms of payment** pursuant to prices quoted shall be net cash thirty (30) days. Any and all claims must be made within five (5) days of receipt of the goods. A service charge equal to 1.5% per month will be added to all past due accounts, 18% annual rate.
2. **Taxes** imposed by city, state, or federal governments wherever applicable, shall be added to the invoices as separate charge to be paid by the Buyer.

**CONDITIONS:**

1. Alterations in work product or in time spent for performance which are caused by customer error or change of mind and which caused work to be done a second time or in excess of that agreed may carry an additional, reasonable, charge which shall be added to the prices quoted thereon.
2. **Quotations and prices** are subject to change, due to changes in costs to Sun Litho, and orders calling for future delivery will be billed according to the price in effect at the time of delivery pursuant to reasonable notice or attempt to give notice within that period.
3. An **order** once placed with and accepted by Sun Litho can be cancelled only with Sun Litho's consent and upon terms that will indemnify Sun Litho against loss.  
In event of default, it is agreed that Debtor will pay all costs and expenses, including reasonable attorney's fees, incurred by Sun Litho in collecting Debtor's account.

FIRM NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_