

APPLICATION FOR CHARGE ACCOUNT

P.O. Box 7524, Portland, ME 04112 <u>www.xcopy.com</u> * Telephone: (207) **775-2444**

Account Name.		
Billing Address:		
City, State, ZIP:		
Phone #:	Fax #:	website:
Contact Name (for accounting):	email: _	
Contact Name (for printing):	email: _	
Type of Business:	How did you hear of XPress?	
PLEASE CHECK WHERE APPLICAB	<u>LE</u> :	
■ NON-PROFIT ORGANIZAT	FORGANIZATION D PURCHASE ORDER REQUIRED FOR EACH JOB	
☐ EXEMPT FROM MAINE SA	OM MAINE SALES TAX (jobs are for resale): Certificate #: (attach copy)	
☐ EXEMPT FROM MAINE SA	LES TAX (we are a school or church): pleas	se attach exempt certificate
☐ EXEMPT FROM MAINE SA	LES TAX (we are a municipality or governm	nent agency).
Other instructions		
Other instructions:		
CREDIT REFERENCES: (no utilities or 'bi	<u>ig box' vendors)</u>	
1) COMPANY:	CITY/TOWN	ACCT #
CONTACT:	PHONE:	FAX:
2) COMPANY:	CITY/TOWN	ACCT #
CONTACT:	PHONE:	FAX:
3) COMPANY:	CITY/TOWN	ACCT #
CONTACT:	PHONE:	FAX:
<u>rerms:</u>		
invoice date, and that overdue ac representative of the above-named service charges incurred will be re Furthermore, I agree that, should	tand that full payment of each invoice counts may be subject to interest and/or so diaccount, I agree that should this account ecognized as an obligation and paid under this account become delinquent, XPress I for all collection fees, bank charges and the tof this account.	service charges. As authorized to become overdue, interest and er the terms of this application. of Maine (d/b/a XPress Copy
Signature:	Date:	
Please print name:	Title:	

Thank you for applying for an XPress Copy Account. If you have any questions regarding this application, or charges related to your account, please contact our accounting department by telephone or email: accounting@xcopy.com