



ReproGraphic Solutions
A Member of the RGS Group of Companies
Las Vegas | Singapore

RGS ReproGraphic Solutions

6645 S. Eastern Ave, Suite 101
 Las Vegas, NV 89119
 Tel : (702) 798-2055
 Website : www.rsgsgroup.net

CREDIT APPLICATION FORM

BILLING ADDRESS

Company: _____
dba: _____
Street: _____
City: _____
State: _____ *Zip Code:* _____
Tel: _____
Fax: _____

LOCAL ADDRESS – LAS VEGAS AREA

Company: _____
Street: _____
City: _____
State: _____ *Zip Code:* _____
Tel: _____
Fax: _____

ACCOUNTS PAYABLE MANAGER (A/P)

Contact: _____
Email: _____

AUTHORIZED USERS ON ACCOUNT

Contact: _____ *Tel:* _____
Contact: _____ *Tel:* _____
Contact: _____ *Tel:* _____

INVOICE POLICY

Do you require a purchase order number?

Yes: _____ No: _____

Please indicate if you are exempt from Sales Tax, please enclose a copy of your exemption certificate.

Yes: _____ No: _____

Estimated Monthly Credit Requirement: _____

ORGANIZATIONAL INFORMATION (PLEASE CIRCLE)

Partnership Sole Proprietorship LLC Corporation

Year of Incorporation: _____

PRESIDENT OR OWNER

Contact: _____

Company Federal I.D. Number or Social Security Number:

CREDIT REFERENCES

1) Firm _____

Tel: _____

Fax: _____

Account #: _____

2) Firm _____

Tel: _____

Fax: _____

Account #: _____

3) Firm _____

Tel: _____

Fax: _____

Account #: _____

RGS TERMS & CONDITIONS

Net 30 Days from date of invoice. I certify all the information given on the application is correct and that I have agreed to abide by the terms and conditions set forth by RGS.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

**Please return completed form by
 Fax : (702) 798-2022 or Email : ar.lv@rsgsgroup.net**