



1140 Adams Street Suite 150
 Kansas City KS 66103
 Phone: 913-371-0014
 Fax: 913-371-0051
 e-mail davinci@davincink.com

Ship to Address	_____	Bill to Address	_____
	_____		_____
	_____		_____
	_____		_____

Legal Name:	_____	Duns #:	_____
Address:	_____	Phone #:	_____
	_____	Fax #:	_____

City, State, Zip	_____	e-mail:	_____
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Form of Ownership: Proprietorship Partnership Corporation Non-Profit

Tax Exempt # _____ FIN # _____ State Inc. in _____

Credit Limit Requested (expected MO. Volume) _____ Years in Business _____

Purchasing Agent: _____ is purchase order required? YES NO

Principle owner of officers of company:	_____	Title:	_____
	_____		_____
	_____		_____

Principle Bank:	_____	Account #:	_____
Contact person:	_____	Phone:	_____
City, State Zip:	_____	Fax:	_____

Trade References

Company Name:	_____	Company Name:	_____
Contact person:	_____	Contact person:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Phone #:	_____	Phone #:	_____
Fax #:	_____	Fax #:	_____
Company Name:	_____	Company Name:	_____
Contact person:	_____	Contact person:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Phone #:	_____	Phone #:	_____
Fax #:	_____	Fax #:	_____

Terms and Conditions of Sale: the undersigned agrees to pay for all purchases according to the terms as appear on Invoices. If credit is extended, I/WE agree to pay all debts incurred within the terms of sale. The undersigned agrees to continued solvency of the undersigned as a precondition of any sale made by DaVinci Reprographics. No terms or conditions of purchase orders different from the terms of DaVinci Reprographics will become part of the sale Agreement. However, if the debt should become past due, I/WE expressly agree (subject to statutory regulations) to pay finance charges on the past due amounts at the rate of 1.5% per month (18% annualized). Provided that no provision of this agreement requires a permit's the collection of finance charges in excess of maximum mount permitted by law. The laws of the State of Kansas shall be applicable to all suits.

This application Must be signed to be processed

Dates: _____ Owner/Partner/President: _____