

COPY SERVICES - Credit Application

Today's Date: _____

Name of Organization: _____

Billing Address: Name: _____

Address: _____

City, Zip: _____

Phone: _____

Is Organization Tax Exempt: YES NO **Exempt Number:** _____

Registered Student Organization: YES NO

Bank Account: Name of Bank: _____ Phone: _____

Account Number: _____

Persons Authorized: to make charges on this account:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Individual Personally Responsible: By signing this form, I am stating that all information contained herein is accurate to the best of my knowledge, and that if this Organization fails to make full payment, I will personally be responsible for any unpaid bills.

Name: _____ Student ID#: _____

Campus Address: _____ Phone: _____

Signature: _____ Date: _____

Invoice payment is due 20 days from statement date. Accounts over 30 days are past due. There will be a 12% APR late charge added to all late unpaid invoices. Failure to pay promptly will result in termination of credit.

Ph #: 472-1002

Drulin-105

Fax#: 472-5095

Email: copyservices@uww.edu