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GEOSPATIAL/SOFTWARE DIVISION
CORPORATE HQ

SIGNS & GRAPHICS DIVISION
CORPORATE HQ

ALLENTOWN 1045 Union Boulevard • Allentown, PA 18109-1956
Phone: 610-437-0797 • Fax: 610-439-8865 • Email: posallentown@printostat.com

BWI • 811 Pinnacle Drive, Suites A-B • Linthicum, MD 21090
Phone: 410-788-3644 014 • Fax: 410-788-0572 • Email: posbwi@printostat.com

CHANTILLY • 14301 Sullyfield Circle, Suite A • Chantilly, VA 20151
Phone: 703-378-3174 • Fax: 703-378-3175 • Email: poschantilly@printostat.com

HANOVER • 707 Third Street • Hanover, PA 17331
Phone: 717-637-1655 • Fax: 717-637-7274 • Email: poshanover@printostat.com

COCKEYSVILLE • 10540 York Road, Suite I • Cockeysville, MD 21030
Phone: 410-527-0844 • Fax: 410-527-0689 • Email: poscokeysville@printostat.com

KING OF PRUSSIA • 489 Shoemaker Rd, Suite 109 • King of Prussia, PA 19406
Phone: 610-265-5470 • Fax: 610-265-6448 • Email: poskingofprussia@printostat.com

LANCASTER • 1741 Rohrerstown Rd • Lancaster, PA 17601
Phone: 717-581-6680 • Fax: 717-581-5224 • Email: poslanaster@printostat.com

MECHANICSBURG • 5040 Louise Drive, Suite 110 • Mechanicsburg, PA 17055
Phone: 717-795-9255 • Fax: 717-795-9259 • Email: posmechanicsburg@printostat.com

PITTSBURGH • 230 Executive Drive, Suite 108 • Cranberry Township, PA 16066
Phone: 724-742-9811 • Fax: 724-742-9816 • Email: poscranberry@printostat.com

FAST COPY CENTER EAST • 2300 East Market Street • York, PA 17402
Phone: 717-757-5554 • Fax: 717-755-2477 • Email: posfastcopyeast@printostat.com

Company Legal Name: _____ Federal Tax ID: _____ (Please include a copy of W-9)

Company d/b/a: _____ Parent Company: _____

Company Street Address: _____ Phone: _____

P.O. Box: _____ City: _____ County: _____ State: _____ Zip+4: _____

In Business Since: _____ # Years at Present Location: _____ Tax Exempt #: _____ (Please include a copy of certificate)

Business Owned By: Individual Partnership Corporation LLC Business Type: _____

If Partnership, Corporation, or LLC, list the Partners / Officers of the Corporation or Members of the LLC:

1. Name: _____ Title: _____ Phone: _____

Complete Address: _____

2. Name: _____ Title: _____ Phone: _____

Complete Address: _____

Credit 1. Name: _____ Phone: _____

References Street Address: _____ City: _____ State: _____

Zip+4: _____ Email Address: _____

2. Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____

Zip+4: _____ Email Address: _____

3. Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____

Zip+4: _____ Email Address: _____

Bank Bank Name: _____ Phone: _____

Reference Complete Address: _____

Email: _____ Account No: _____

Accounting Amount of Credit Desired: \$ _____ (Subject to Approval) Are purchase order #'s required on invoices? YES NO

Information Preferred invoice delivery: USPS MAIL EMAIL (Email Address: _____)

A/P Contact Person: _____ Title: _____

Phone: _____ Email Address: _____

Accepted forms of payments: Cash, Check, ACH & Credit Card (A service charge of 3% will be applied to all credit card transactions)

1. All open account terms are Net-30. Full payment for invoice amount is due 30-days from the date the invoice is issued.
2. A 1-1/2% (18% per anum) service charge will be assessed on all accounts that become past due.
3. Invoices delivered by USPS Mail may be subject to a paper invoice fee.
4. All merchandise returns or invoicing disputes, including but not limited to quantity of items shipped, pricing adjustments, sales tax and freight overcharges, must be brought to our attention within thirty-days of invoice date. Any items on your account that have not been disputed within thirty days will be considered valid and collectible charges.
5. I understand that in signing this Application for Open Account, I am requesting that you establish open credit for our company and agree to pay all reasonable charges incurred by myself or my agent(s) in addition to any service charges incurred for past due balances, as are allowed under law.
6. In the event a collection procedure or lawsuit is instituted to recover possession of merchandise or to enforce any terms and conditions or provision thereof, I accept liability for service charges, legal fees, court costs and any other cost of collection in this matter, as allowed under law.
7. I am an authorized agent or representative of the above noted company and do hereby authorize PRINT-O-STAT, INC, its agents or assignees to investigate and substantiate any statements made on this application for open credit.

Signature: _____ Full Name (Print): _____ Date: _____