



1660 West McNab Road • Fort Lauderdale, FL 33309  
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Salesperson \_\_\_\_\_

## **CREDIT CUSTOMER-AGREEMENT FOR SALE** ***ALL INFORMATION MUST BE COMPLETE***

IF ACCEPTED BY RITTER'S PRINTING, COPY AND MAILING SERVICES, THE FOLLOWING APPLICATION FOR CREDIT, TERMS OF SALE, AND AGREEMENT FOR COLLECTION EXPENSES, WILL CONSTITUTE ENTIRE CONTRACT BETWEEN THE CREDIT CUSTOMER AND RITTER'S PRINTING, COPY AND MAILING SERVICES.

FIRM: \_\_\_\_\_ PHONE#: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ SUITE#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS IS:  INDIVIDUALLY OWNED  PARTNERSHIP  CORPORATION

NAME OF OWNERS, PARTNERS, OR OFFICERS:

| NAME  | TITLE | SOCIAL SECURITY NUMBER | PHONE# |
|-------|-------|------------------------|--------|
| _____ | _____ | _____                  | _____  |
| _____ | _____ | _____                  | _____  |
| _____ | _____ | _____                  | _____  |
| _____ | _____ | _____                  | _____  |

How long in this business? \_\_\_\_\_

If **less** than six months, briefly list previous business connections and years there: \_\_\_\_\_

Nature or Type of Business: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch \_\_\_\_\_ Acct.# \_\_\_\_\_

Checking  Loan  Savings

LIST **AT LEAST THREE** BUSINESS REFERENCES WITH WHOM YOU HAVE CREDIT:

| NAME     | PHONE # | FAX#  |
|----------|---------|-------|
| 1. _____ | _____   | _____ |
| 2. _____ | _____   | _____ |
| 3. _____ | _____   | _____ |

### **TERMS OF SALE – NET PAYMENT / THIRTY (30) DAYS AGREEMENT FOR COLLECTION EXPENSES AND SERVICE CHARGES**

In consideration of each or any extension of credit by Ritter's Printing, Copy and Mailing Services, or any of its authorized employees, the undersigned agree(s) that upon the failure to make any payment upon account due Ritter's Printing, Copy and Mailing Services for products, services or expenses within thirty (30) days after receipt of statement of such account, the amounts due to Ritter's Printing, Copy and Mailing Services shall bear interest (designated service charges) at the rate of one and one-half percent (1½%) per month on the unpaid balance thereof from said thirtieth (30th) day after receipt of statement until paid, and that the undersigned shall pay interest (service charges) as aforesaid, in addition to the amounts due on account. The undersigned further agree(s) that Ritter's Printing, Copy and Mailing Services may suspend services being performed for the undersigned until all amounts due on account for products, services, expenses, interest or attorneys fees (as hereinafter provided) have been paid in full. The undersigned further agree(s) that Ritter's Printing, Copy and Mailing Services shall have a security interest to secure the payments as aforesaid, upon all materials and products which the undersigned may have in the possession of Ritter's Printing, Copy and Mailing Services, and that should any unpaid balance be collected by legal process or through an attorney at law, the undersigned shall be liable for and pay to Ritter's Printing, Copy and Mailing Services reasonable attorneys fees of fifteen percent (15%) of all sums (including interest and expenses) so collected, and all costs of Court.

Date: \_\_\_\_\_ Customer: \_\_\_\_\_

COMPANY OR TRADE NAME

Signature: \_\_\_\_\_

OWNER PARTNER OR AUTHORIZED OFFICER OF CORPORATION