



January 1, 2017

Dear CRS Customer,

Thank you for your interest in establishing an open credit line with CRS, Inc. At CRS, Inc we make every effort to provide quality and timely services to our customers. We appreciate and value your business and the trust you have placed in us. As you are aware, current economic conditions have caused us all to reevaluate our billing and collection practices. In an effort to continue providing our customers with quality service and to help minimize costs, we are making some changes in our billing practices.

We will continue to invoice our customers with Net 30 terms upon completion of our credit application and verification of references. However, to facilitate our new policy, we are requesting from all of our customers a credit card authorization form to be maintained on file with our Billing Department. The credit card authorization will be retained for use if any invoice remains unpaid for 45 days following the invoice date. In accordance with this new policy and for your convenience, we ask that you complete the credit card authorization form when completing the credit application. If a current credit card authorization is not maintained on file, our new policy includes payment at the time service is rendered.

We understand that occasionally you may have questions concerning an invoice or may have extenuating circumstances to resolve prior to payment. Please review our Open Account Terms below and do not hesitate to contact us if you have any questions or concerns.

Best regards and thank you for your understanding,

Copier Repair Specialists, Inc.  
972-434-2444

### **Terms of Open Account:**

- **The credit application and credit card form must be completed in entirety. Incomplete applications will not be processed.**
- **CRS, Inc requires a completed credit card authorization form on file when extending open credit to a customer. The credit card form authorizes CRS to charge any outstanding balance that exceeds 45 days of aging.**

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:		Partnership:	Corporation: Other:
Federal Tax ID #:		SS# (If Sole Proprietor)	

### BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CRS, Inc to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title: Date:	Title: Date:
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## Credit Card Authorization Form

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> PAYPAL
ACCOUNT NUMBER					
EXPIRATION DATE					

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I hereby authorize Copier Repair Specialists, Inc. to charge this credit card for payment of outstanding invoices over 45 days of aging. I have read and understand the Terms of Use below.</p> <p style="text-align: center;"><b>Terms of Use</b></p> <p><b>Copier Repair Specialists, Inc. will charge your credit card only:</b></p> <ul style="list-style-type: none"><li><b>If authorized by you for payment of your invoice(s).</b></li><li><b>For payment of outstanding invoices exceeding 45 days in aging.</b></li><li><b>Your card may be periodically charged \$1.00 and immediately credited \$1.00 to verify card status.</b></li></ul>

CARDHOLDER NAME			
SIGNATURE		DATE	