



P.O. Box 7664
 Charlottesville, VA 22906
 434.973.4152
 434.973.6892 Fax
 www.fsr1.com

NEW CUSTOMER CREDIT APPLICATION

I WANT TO PAY BY: PRE-PAY CASH(2) PRE-PAY CHECK(2) CREDIT CARD(3) APPLY FOR CREDIT(4)

Thank you for your order that was placed with First Systems & Resources, Inc.
 Please fax this back to us at (434) 973-6892 or send an E-mail to us at accounting@fsr1.com

1. SHIP TO COMPLETION OF THIS SECTION IS REQUIRED.

Company Name		Contact Name		E-mail	
Shipping Address		City	State	Zip	Phone #
					Fax #

BILL TO IS YOUR BUSINESS TAX EXEMPT? YES NO IF SO, PLEASE INCLUDE A COPY OF YOUR ST-10.

Company Name		Contact Name		E-mail	
Shipping Address		City	State	Zip	Phone #
					Fax #

2. PRE-PAY BY CASH PRE-PAY BY CHECK Please make check payable to: First Systems and Resources, Inc., allow additional 10 working days for check to clear.

3. PRE-PAY BY CREDIT CARD Use only for this order Keep on file for future orders *A 3% convenience fee will be added to all credit card payments. Do you also want to apply for open credit on future orders? Please complete SECTION 4.

Billing Address of credit card if different than above		City	State	Zip
Type of Credit card <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> VISA	Name as appears on credit card	Credit Card #		Expiration Date
I give permission to charge this order to my credit card. CREDIT CARD HOLDER'S SIGNATURE:				

FSR will e-mail an invoice reflecting the date and amount that was charged to the credit card upon completion of the job.

4. APPLY FOR OPEN CREDIT Please allow 3 days for processing.

At First Systems and Resources, Inc. we are committed to processing your application for credit as quickly as possible. Please help us to accomplish our goal by completing this application in its entirety. Inaccurate or incomplete credit applications will unnecessarily delay extension of credit to your company. We thank you for sending a signed, completed credit application.

Ownership Information		D&B#		Does Your Company Require PO's <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this company: <input type="checkbox"/> Individually owned (if checked provide spouses name)		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		State of Inc.	EIN# (SS# if not a corporation)
If corporation: Officers 1	Officers 2	Officers 3	Officers 4	Officers 5	
Person to contact regarding payments	Title	Sales Tax #	State	Year business began	Amount of credit requested

Bank Information:

Bank Name/Branch		City	State	Zip
Phone #	Acct. No.	Contact Person		

Trade References:

Company Name	Street Address	City, State, Zip	Phone #	Fax #
1.				
2.				
3.				

STATEMENT OF POLICY

Orders from new accounts will not be processed unless preceded by the requested information. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Our terms are Net 30 days. First Systems & Resources, Inc. reserves the right to hold orders if you do not meet our terms.

In the event of default, I/we agree to pay First Systems & Resources, Inc. the amount past due, a finance charge of 2% per month (24% per annum) calculated monthly on all invoices past due and added to monthly statement, plus any collection and/or attorney fees.

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize First Systems & Resources, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

Signed _____ Date _____ Title _____ Company _____

MUST BE SIGNED BY AN OFFICER OF THE CORPORATION OR OWNER.