

**CHQ REPRODUCTIONS INC.  
DEALER APPLICATION**

**BUSINESS CONTACT INFORMATION**

Contact:		Federal Tax I.D.:	
Company name:		Tax Exempt I.D.:	
Phone:	Fax:	E-mail:	
Registered company mailing address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business shipping address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	

**CREDIT CARD INFORMATION**

Visa or MC:	Credit Card Number:		
Card Holder Name:		Expiration Date:	
Card Holder Address:		CW# (required):	
		*The CW# is the last three digits of the card number printed in	
Signature:		The signature space on the back of the card.	
Payment Method: COD	Credit Card	Shipping Preference: UPS	Fed Ex

**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 shipped COD or charged on credit card, No open accounts.**
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CHQ Inc. to make inquiries into the business and trade references that you have supplied.
4. \$25.00 Charge for all returned checks.

**SIGNATURES**

Title:	Title:
Date:	Date: