



**NEW WORLD GRAFX, INC.**  
 5600 Argosy Avenue  
 Huntington Beach, CA 92649  
 (877) 842-6842 TOLL FREE & FAX  
 (562) 896-4214 LOCAL  
 cs@nwgrafx.com

# C.O.D. COMPANY CHECK APPLICATION

**LARGE FORMAT FILM • GUARANTEED LOWER PRICES • QUICK TURNAROUNDS • QUANTITY BREAKS AVAILABLE • MAC OR PC**

**PLEASE COMPLETE IN FULL AND FAX TO (877) 842-6842 - INCOMPLETE APPLICATION MAY DELAY PROCESSING.**

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DBA: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FED TAX I.D.: \_\_\_\_\_

ACCOUNT PAYABLE CONTACT: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PAYMENT PERSONALLY GUARANTEED? YES  NO  BY: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PLACE ORDERS: \_\_\_\_\_

<b>OWNERSHIP</b>	NAME OF OWNER 1	TITLE	PHONE (____) _____
	HOME ADDRESS	CITY	STATE ZIP
	NAME OF OWNER 2	TITLE	PHONE (____) _____
	HOME ADDRESS	CITY	STATE ZIP

<b>BANK INFORMATION</b>	BANK NAME	CONTACT NAME	PHONE (____) _____
	ADDRESS	CITY	STATE ZIP
	CHECKING ACCOUNT#	SAVINGS ACCOUNT#	

Customer verifies that the above information is correct and hereby grants permission for any person or company to furnish any and all information which may be periodically requested regarding the rating on my company checking or savings account. Customer also agrees to pay with company check (upon approval), for any and all sales and deliveries under and pursuant to its account, whether ordered by the customer as sole owner, or by any person representing himself/herself/itself to be an agent, employee or representative of the customer. In the event of a check returned **"NOT SUFFICIENT FUNDS"**, customer agrees to pay all processing costs for redeposit. In the event that a check returned NSF cannot be redeposited, customer also agrees to provide this creditor (**New World Grafx, Inc.**) with a replacement check within 48 hours, mailed express to **New World Grafx, Inc.** Customer Service Department. For all checks returned NSF, a service charge in the amount of \$15.00 will be added to the original amount of the check. In the event that collection or legal action is necessary, customer agrees to pay all collection costs, attorney's fees and court costs incurred, regardless whether judicial action is undertaken.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of owner or officer Title Date

**FOR OFFICE USE ONLY**

NSF  YES AVERAGE CREDIT  
 ACTIVITY:  NO BALANCE: \$ \_\_\_\_\_  APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SERVING THE LOS ANGELES AND ORANGE COUNTY AREA SINCE 1991.**