



2535 W. Fairview  
 Chandler, AZ 85224  
 480-821-0985  
 Fax 480-821-2472

# CREDIT APPLICATION HOA

Name of Business: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Billing Address (if different than Mailing Address): \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Accounts Payable Phone: \_\_\_\_\_ Accounts Payable Fax: \_\_\_\_\_

**BUSINESS INFORMATION**

Sole Proprietorship     Partnership     Corporation     Purchase Order Required For All Invoices

Description of Business: \_\_\_\_\_

How long in business? \_\_\_\_\_ years \_\_\_\_\_ months    If non-profit: \_\_\_\_\_

How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months    Tax Exempt #: \_\_\_\_\_  
Please attach AZ Form 5000

How much business (in dollars) do you expect to do with Page-Per-Page monthly? \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_ Phone: \_\_\_\_\_

How long with this bank? \_\_\_\_\_ years \_\_\_\_\_ months    Checking Account # \_\_\_\_\_

**REFERENCES**

a) Previous Printer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_

b) Other Trade Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_

c) Other Trade Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment Terms:**

Customer agrees to pay invoices within 15 business days. A service charge of 1.5% per month may be added to any past due invoices.

**All completed orders remain the obligation of the Customer even if the relationship with the Customer's HOA is cancelled. Please note that Page-Per-Page is unable to invoice and collect payment from individual Homeowner Associations (HOA's). The Property Management Company is financially responsible for paying for all orders that they process on behalf of the HOA's.**

**Deposits for Postage**

Customer must provide a deposit for postage prior to initial order. The deposit amount should be enough to provide for a minimum of one month of postage usage. Customer understands that no mailing can be completed if there are not enough funds to accomodate its order.

In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay all costs of Collection. If legal action is required (I) (we) will pay reasonable attorney's fees resulting from such action. (I) (We) authorize the above listed Bank(s) and trade references to release to Page-Per-Page any credit or financial information that Page-Per-Page may request and further agree if Page-Per-Page grants credit to comply with all terms of credit. (I) (we) further agree to provide a credit card on file and authorize it's use in the event that payment is not received within 15 days of the due date. **(I) (We) understand and agree to the above terms.**

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV \_\_\_\_\_ Name \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# CUSTOMER PROFILE HOA

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact 1:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email (also online user name): \_\_\_\_\_

Default Password: \_\_\_\_\_

Title: \_\_\_\_\_

**Contact 2:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email (also online user name): \_\_\_\_\_

Default Password: \_\_\_\_\_

Title: \_\_\_\_\_

**Lock Box Bank:** \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Number of Communities Managed:** \_\_\_\_\_

**Number of Households Managed:** \_\_\_\_\_

### Product Options

*(Please check the services you are interested in)*

GENERAL COMMUNITY MAILINGS

General

Ballots

Postcards

Newsletters

COUPON BOOKS

STATEMENT MAILINGS

Lates

Demands

ENVELOPES

#10 Standard

#10 Window

#9

Remittance

VIOLATIONS MAILINGS

OTHER (please note) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_