

**W. E. ANDREWS**  
AN RR DONNELLEY COMPANY

140 South Road  
Bedford, Ma 01730

Voice Tel: (781) 275-0720 ext. 103  
e-mail: [Martin.Lightcap@rrd.com](mailto:Martin.Lightcap@rrd.com)

RE: Credit Approval Request

Dear Customer,

In order to establish you as a customer on account with W. E. Andrews, an RR Donnelley company, our company is required to review your credit information. The enclosed Credit Approval Request form must be completed, signed and returned to W. E. Andrews as soon as possible. Please make sure to include **all** addresses, account numbers, phone and fax information as requested. Incomplete forms can delay the approval process.

If you are claiming tax-exempt, our company is required to document your tax-exempt status **at the time the sale is made** in order to comply with the provisions of the State sales tax laws. Please enclose an exemption certificate.

Please note: W. E. Andrews is registered to collect sales tax in all states that have a sales/use tax. Sales tax is assessed on any product shipped to any of the 45 states of the United States. Alaska, Delaware, New Hampshire, Montana and Oregon do not have sales tax.

For example: If your product is shipped to California, then California sales tax will apply. The same holds true for the 44 states of the United States.

Please submit the completed form(s) to my attention. If you have any questions, please let me know. Thank you in advance for your attention to this matter

Sincerely,

Martin Lightcap  
Controller  
781-275-0720 ext. 103  
781-276-2555 fax

Enclosure

# W. E. ANDREWS

AN RR DONNELLEY COMPANY

## CREDIT APPROVAL REQUEST

DATE \_\_\_\_\_

APPROVAL  
REQUESTED  
FOR

CUSTOMER # \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_

D&B RATING \_\_\_\_\_  
 NAME OF PARENT CO \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_  
 ESTIMATE OF SALES PER MONTH \_\_\_\_\_  
 YEAR STARTED \_\_\_\_\_

BANK  
REFERENCES

1.  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 2.  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_

TRADE  
REFERENCES

1.  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 2.  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 3.  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 4.  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_

SEND REPLY  
TO

**SALES REP. NAME** \_\_\_\_\_

SALES OFFICE **W. E. ANDREWS**

AUTHORI-  
ZATION

CUSTOMER'S SIGNATURE 

AUTHORIZATION TO RELEASE CREDIT INFO

TAX EXEMPT  
STATUS



**IF YOUR ORGANIZATION IS CLAIMING TAX-EXEMPT, YOU MUST ATTACH A COMPLETED CERTIFICATE AS REQUIRED BY STATE LAW. INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

TERMS



I/We certify the foregoing information to be true and correct. I/We have been advised of terms of sale and understand that a late charge of 1 1/2% per month (18% per annum) will be made on any invoices over 30 days past due. I/We further agree to pay reasonable Attorney's fees and costs in the event of suit to effect collection of monies due (rates as permitted by State Law).

CUSTOMER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CREDIT  
APPROVAL

CREDIT HAS BEEN  
APPROVED FOR

\$ \_\_\_\_\_

CREDIT MANAGER \_\_\_\_\_

DATE \_\_\_\_\_