

Linking People With Solutions : Commercial Printing • Promotional Products • Digital Media

Application for Credit

Date: _____ Credit Limit Requested: _____
 Legal Company name: _____
 Address: _____
 Postal Code: _____ Tel: _____ Fax: _____
 Doing Business As: _____ Year Established: _____
 Officers' Name: _____
 Controller/Accounts Payable Officer to Contact: _____ Phone: _____
 D&B: _____ D&B Rating: _____ As of: _____
 Bank: _____ Branch Phone: _____ Acct #: _____
 Banker's Name: _____ Branch Address: _____

Please include only trade accounts with whom you have current credit terms. Contractual obligations such as real estate or equipment leases or mortgages, and bank credit cards are not useful in our credit determination process.

Trade Reference #1: _____ Acct #: _____
 Address: _____
 Postal Code: _____ Tel: _____ Fax: _____
 Person to Contact: _____ Credit Limit: _____ Years: _____

Trade Reference #2: _____ Acct #: _____
 Address: _____
 Postal Code: _____ Tel: _____ Fax: _____
 Person to Contact: _____ Credit Limit: _____ Years: _____

Trade Reference #3: _____ Acct #: _____
 Address: _____
 Postal Code: _____ Tel: _____ Fax: _____
 Person to Contact: _____ Credit Limit: _____ Years: _____

COD is required until the above information has been verified and year credit approved. Our corporate policy is COD for all orders, however some of our regular customers receive Net 30 day terms. **Failure to pay invoices within terms will result in the withdrawal of this privilege.** We expect our customers to give our invoices the same high priority and timely attention which we give to their orders. This allows us to keep our prices competitive and our equipment state-of-the-art. All **delinquent accounts** are subject to a **2% per month late payment charge**. If it becomes necessary to turn your account over to an agency or an attorney for collection, you hereby agree to pay all fees and costs associated with such collection.

I certify that the above informatoin is true and correct. I agree to comply with the policies stated above.

SIGNATURE OF AUTHORIZED OFFICER

PRINT NAME

TITLE

DATE