

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Legal Company Name:

DBA Name:

Phone:

Fax:

E-mail:

Company Mailing Address:

City:

State:

ZIP Code:

Date Established:

Federal ID Number:

DUNS Number:

Is Sales Tax Applicable: Yes or No (If No, Please Submit a Completed Resale or Exempt Sale Certificate)

Sole Proprietorship:

Partnership:

Corporation:

Other:

Accounts Payable Contact:

Accounts Payable Title:

BUSINESS AND CREDIT INFORMATION

Primary Business Street Address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Officers/Partners Name

Title

Address

Phone Number

Bank Name:

Bank Address:

Phone:

City:

State:

ZIP Code:

Type of Account

Account Number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are to be paid 30 days (NET 30) from the date of the invoice.
2. Claims arising from invoices must be made within five (5) working days.
3. By submitting this application and reading the "Standard Conditions of Sale" you acknowledge and understand the Interstate Printing "Standard Conditions of Sale."
4. By submitting this application, you authorize Interstate Printing Company to make inquiries into the banking and business/trade references that you have supplied.

AUTHORIZED SIGNATURE(S)

Title:
Date:

Title:
Date: