



Credit Application

Business Name : _____

Address: _____

City : _____ State : _____ Zip : _____

Telephone : _____ Fax : _____

Type of Business : _____ Type of Ownership : _____

Sales Tax Exempt : Yes No Exemption Number : _____ (attach copy of resale card)

Name of Principal : _____ Social Security Number : _____

Home Address : _____

City : _____ State : _____ Zip : _____ Home Tel : _____

Business Contact Person : _____ Title : _____

Mailing Address : _____

City : _____ State : _____ Zip : _____ Tel : _____

Bank Reference

Name of Bank : _____

Address: _____

City : _____ State : _____ Zip : _____ Tel : _____

Type of Account : _____ Account Number : _____

Credit References

<u>BUSINESS NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
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1 : _____

2 : _____

3 : _____

Are P.O.'s required? : _____ Billing Requirements : _____

Expected Monthly Purchases : \$ _____ A/P Contact Person : _____

Authorized Signatures for This Account: 1 : _____ 2 : _____

3 : _____ 4 : _____

I understand that a credit check may take place. I understand I will receive an invoice. I also understand that any amounts not paid within 30 days of the invoice date will accrue interest at the rate of 1.5% per month. In any action to collect our debt, I hereby agree to pay all costs and expenses including attorney's fees and court costs incurred by American Printing and Copy.

Applicant's Signature : _____

Title : _____ Date : _____