

APPLICATION FOR CREDIT

Name of Firm or Individual

Address

City, State, Zip

Area Code

Phone

Ownership & Finance:

___ Corporation

___ Partnership

___ Individual

___ # of Years in Business

Federal I.D. Number or Social Security

Date Incorporated

1. _____
Name of Principal

Bank Account #

2. _____
Name of Principal

Officer

3. _____
Name of Principal

Address & Zip

4. _____
Name of Principal

Phone Current D & B Rating

References:

1. _____
Business Name Address & Zip Phone

2. _____
Business Name Address & Zip Phone

3. _____
Business Name Address & Zip Phone

Terms:

Until credit is approved, all sales will be either COD or Prepaid. Length of credit and terms will be negotiated after approval of signed application. Failure to follow our terms may result in credit to be discontinued and all orders to be COD for the entire account balance due, or in extreme cases, to hold all orders until the account is paid up.

We certify that all the information on this application is correct. We fully understand your terms and agree to proper payment in consideration of extended credit.

Date

Signature, Title



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