



## COMMERCIAL ACCOUNT CREDIT APPLICATION

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

d.b.a. \_\_\_\_\_ FAX \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Type: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

As applicable, list names and titles of corporate officers, partners, or sole proprietor:

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Title: \_\_\_\_\_

Name of Parent Company, if applicable: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How Long in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Credit Line Requested: \$ \_\_\_\_\_ Do you require P.O.'s on invoices? \_\_\_\_\_

Name of Person Responsible for Accounts Payable: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ ○ Savings # \_\_\_\_\_

Person to Contact at Bank: \_\_\_\_\_ ○ Checking # \_\_\_\_\_

Financial Statement Available? \_\_\_\_\_ ○ Loan # \_\_\_\_\_

### **SUPPLIERS** (Do not include credit cards, utilities, personal accounts or landlords)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Average Monthly Purchases: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Average Monthly Purchases: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Average Monthly Purchases: \$ \_\_\_\_\_

### **AUTHORIZED BUYERS**

Name

Title

1. \_\_\_\_\_

2. \_\_\_\_\_

IN CONSIDERATION OF EXTENSION OF CREDIT BY NW PREPRESS GROUP INC., DBA DELTA GRAPHICS, I AGREE TO THE FOLLOWING TERMS OF SALE: NET 30 DAYS FROM DATE OF INVOICE, CHARGE OF 2% PER MONTH ON ALL ACCOUNTS 30 DAYS PAST DUE (24% ANNUALLY). IF SIGNING ON BEHALF OF A CORPORATION, I PERSONALLY GUARANTEE ALL OF THE TERMS HEREOF, INCLUDING PAYMENT OF ALL OBLIGATIONS. THE UNDERSIGNED ALSO AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY FEES SHOULD LEGAL ACTION BE REQUIRED. WE HEREBY AUTHORIZE CREDIT REFERENCES TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT WITH DELTA GRAPHICS. I AUTHORIZE NW PREPRESS GROUP INC., DBA DELTA GRAPHICS TO OBTAIN A PERSONAL CONSUMER REPORT FOR EXTENSION OF CREDIT.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_