



1929 E. 5th Street
Tempe, Arizona 85281
Phone: (480) 968-6258
Fax: (480) 966-3452
mail@printingspecialists.com
www.printingspecialists.com

CREDIT APPLICATION

Account # _____

Name of Business _____ Phone _____

Billing Address _____ Fax _____
(If P.O. Box, also give street address)

City _____ State _____ Zip Code _____

Sole Proprietorship _____ Partnership _____ Corporation _____

What is major product or service offered _____

How long in business? _____ years _____ months. If non-profit: _____

How long at this address? _____ years _____ months. Tax Exempt# _____

Are you registered with Dun & Bradstreet? _____ Rating _____

How much business (in dollars) do you expect to do with Printing Specialists, LLC? _____

References:

1) Bank name _____ Branch location _____

Name of banking contact _____ Phone _____

How long dealing with this bank? _____ years _____ months. Account # _____

2) Trade References: _____ Type of Account _____

a) Name _____ Phone _____

Address _____ City _____ State _____

b) Name _____ Phone _____

Address _____ City _____ State _____

Officers/Partners:

Please list home addresses, and phone numbers of two key officers:

1) Name _____ Phone _____

Address _____ City _____ State _____

Title _____

2) Name _____ Phone _____

Address _____ City _____ State _____

Title _____

If credit is granted (I) (we) promise to pay bills when rendered. (I) (we) understand all invoices are payable ten days from the end of the month and that a service charge of 1 1/2% per month will be added to (my) (our) past due account. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) authorize the above listed Bank(s) and trade references to release to Printing Specialists any credit or financial information that Printing Specialists may request and further agree if Printing Specialists grants credit to comply with the above terms of credit.

The following personas are authorized to sign for charges

Name Title

Signature

Date