

## STANDARD GRAPHIC COMMUNICATIONS CREDIT APPLICATION

Firm Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Own/Rent Building \_\_\_\_\_  
 If rent, from who? \_\_\_\_\_ Address \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Owned Since \_\_\_\_\_

Ownership: Sole Ownership  Partnership  Corporation  Fed Tax ID# \_\_\_\_\_

Owner \_\_\_\_\_

	Name _____	Home Address _____	Phone# _____	Social Security # _____
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Partners: (1) \_\_\_\_\_

	Name _____	Home Address _____	Phone# _____	Social Security # _____
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(2) \_\_\_\_\_

	Name _____	Home Address _____	Phone# _____	Social Security # _____
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Corporation: President \_\_\_\_\_ Treasurer \_\_\_\_\_

Vice President \_\_\_\_\_ Secretary \_\_\_\_\_

Bank \_\_\_\_\_ Checking   

Name/Branch _____	Phone _____	Acct No. _____	Savings <input type="checkbox"/>
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Account Rep. \_\_\_\_\_

Bank \_\_\_\_\_ Checking   

Name/Branch _____	Phone _____	Acct No. _____	Savings <input type="checkbox"/>
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Account Rep. \_\_\_\_\_

Trade References \_\_\_\_\_ Amount of Credit Requested Per Month \_\_\_\_\_

1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Terms \_\_\_\_\_ When Opened \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Terms \_\_\_\_\_ When Opened \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Terms \_\_\_\_\_ When Opened \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1 1/2% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

The Applicant further acknowledges careful reading, understanding and agreement to the Terms and Conditions of Sale which are provided to you with this document. A facsimile application received will be considered an original copy, and the Terms & Conditions accompanying this form shall be assumed as having been read and accepted. The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
 Signed \_\_\_\_\_ Title \_\_\_\_\_  
 Date \_\_\_\_\_ Company \_\_\_\_\_

Billing Address \_\_\_\_\_  
 Required on Invoice: P.O. No.  Job No.  Job Name  Person Ordering   
 Credit Limit: \_\_\_\_\_ Salesperson \_\_\_\_\_ Information verified by: \_\_\_\_\_