



Attn: Accounts Receivable  
**FAX: 860-677-6504**

For Office Use Only:

CUSTOMER # \_\_\_\_\_

DATE \_\_\_\_\_ SLSM # \_\_\_\_\_

BRANCH \_\_\_\_\_

www.crestgraphics.com  
 planwell@crest-grapics.com

## Application for Credit Account

PLEASE PRINT OR TYPE

NAME OF BUSINESS \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_ FED ID # \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

LINE OF BUSINESS \_\_\_\_\_

CHECK ONE:  Corporation  Partnership  Sole Proprietorship  Non-profit  Governmental

IF INCORPORATED, NAME & TITLE OF OFFICERS \_\_\_\_\_

IF BRANCH OR DIVISION, HOME OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME OFFICE PHONE # (\_\_\_\_) \_\_\_\_\_

IF SOLE PROPRIETORSHIP, NAME \_\_\_\_\_ SSN# \_\_\_\_\_

INDIVIDUAL'S HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE # (\_\_\_\_) \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT # (S) \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

ESTIMATED MONTHLY PURCHASES \_\_\_\_\_ CREDIT LIMIT REQUESTED \$ \_\_\_\_\_

CREDIT REFERENCE	ADDRESS	CITY/STATE/ZIP	PHONE	FAX (required)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

TAX EXEMPT?  YES  NO **Tax Exemption Certificate (not Permit) must accompany the application.**

ARE PURCHASE ORDERS REQUIRED?  YES  NO PROJECT NAME OR NUMBER REQUIRED?  YES  NO

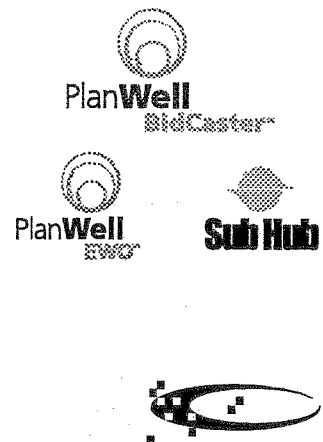
*The information above is given to obtain an open charge account with Crest Graphics. Crest Graphics is authorized to make any credit inquiries necessary for approval according to the Federal Fair Credit Reporting Act U.S. Law 91-508 (15USC1681). I certify that the above is correct and that I have the authority to incur liabilities in the name of the company. In order to encourage prompt payment, a delinquent charge of 1.5% will be levied on all past due accounts. Upon default of payment, applicant agrees to pay collection agency fees not to exceed 25%, reasonable attorney fees and costs of collection that may be incurred. I understand that the credit terms are NET 30 DAYS. Minimum invoice is \$12.50.*

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT/TYPER NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ACCOUNTS PAYABLE EMPLOYEE NAME \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_



THE IMAGE COMMUNICATIONS TEAM