



Customer Credit Application

Please fill out completely and sign to establish **Net 30 Day Terms**

Desired Credit Limit \$ _____
Company Name _____
D/B/A _____

Years in Business _____
Dunn & Bradstreet # _____
Annual Sales \$ _____

Bill to Address _____

Net Worth \$ _____
Number of Employees _____

Owner(s)/President _____

Federal Tax ID # _____

Accts. Payable Contact _____

Please attach reseller's certificate

AP Phone/Fax Number _____
AP E-mail Address _____
Banking Institution _____
Acct. Numbers _____
Contact _____
Phone Number _____
Fax Number _____

Company Structure

Sole Proprietorship _____ Corporation (State _____)
LLC _____ Partnership _____

Trade References

Industry Reference # 1

Industry Reference # 2

Industry Reference # 3

Account Number

Account Number

Account Number

Annual Purchases
\$ _____

Annual Purchases
\$ _____

Annual Purchases
\$ _____

Phone No. Fax No.

Phone No. Fax No.

Phone No. Fax No.

Contact

Contact

Contact

I authorize the release of the above information to 123 InkFast for credit purposes only. In order for 123 InkFast to grant me credit, I give permission for my credit to be checked as required for that purpose. Credit terms are net thirty (30) days from the date of invoice. If my account is referred for collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. By signing this application I agree that all information provided is true and that I fully understand 123 InkFast's terms and conditions policy.

Print Officer's Name _____ Officer's Signature _____

Officer's Title _____ Date _____

Phone: **(800) 343-4856**

Fax: **(815) 356-2795**