



## Credit Application

Terms: Net 30 days after date of invoice

Credit Amount Requested: \_\_\_\_\_

Business is a:  Corporation  Proprietorship  Partnership, \_\_\_\_\_ Date Business Started, Or Incorporated

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Billing Contact \_\_\_\_\_

**Officers or owner (including spouses)**

Names	Title	Home Address, City, St, Zip	Social Security #
1.			
2.			
3.			

**Bank References**

Bank Name	City	Telephone #	Acct # and Office
1.			
2.			
3.			

**Trade References**

Company Name	Address	City, State, Zip	Telephone #	Fax #
1.				
2.				
3.				

**Names of authorized purchases (persons you authorize to make purchases on this account)**

1.	
2.	
3.	

**Note: it is your responsibility to notify AdGraphics of changes in authorized purchaser.**

**In consideration of credit to be extended by AdGraphics by execution hereof, the undersigned acknowledge and affirm that: 1) the information submitted in the application is true and correct; 2) AdGraphics retains the right to deny credit to the undersigned; 3) The undersigned have read, understand and agree to be bound by the forms and conditions of the application and the credit sales agreement on the reverse side of this application.**

**By my signature below, I corporately or as a general partner, and personally agree to pay this account.**

\_\_\_\_\_  
Signature Printed Name and Title Date

**By my signature below, I individually guarantee payment of this account.**

\_\_\_\_\_  
Signature Printed Name and Title Date