



Application for Credit AUTHORIZATION RELEASE

I, the undersigned, hereby apply for open-account status with Premier Print Group and agree to abide by their terms of net payment made within 30 days of invoice date. If for any reason payment has not been made within that time period I agree to pay a service charge of one and one half (1½) percent per month. Further, I authorize the references listed to release my company's credit history to Premier Print Group for verification of credit-worthiness. Credit-worthy being defined as 3 years of strong credit history.

AUTHORIZED SIGNATURE

NAME (PRINTED) _____
SIGNATURE _____
TITLE _____
DATE _____

APPLICANT INFORMATION

COMPANY NAME _____
IF SUBSIDIARY, NAME OF PARENT COMPANY _____
ACCOUNTS RECEIVABLE CONTACT _____
BILLING ADDRESS _____
CITY | STATE | ZIP _____
PHONE _____ FEIN _____
 PROPRIETORSHIP PARTNERSHIP CORPORATION
IF CORPORATION, DATE INCORPORATED _____ STATE INCORPORATED _____
YEARS AT PRESENT LOCATION _____ TAX EXEMPT ID# _____

ORDER INFORMATION

SALES REPRESENTATIVE _____
PURCHASE ORDERS REQUIRED YES NO
AMOUNT OF CURRENT JOB \$ _____
REQUESTED CREDIT LINE \$ _____
ANTICIPATED MONTHLY ORDERS \$ _____

PLEASE SUPPLY INFORMATION FOR ACCOUNTS OPEN A MINIMUM OF 3 YEARS

BANK REFERENCE

BANK NAME _____
BRANCH _____
CONTACT PERSON _____
ADDRESS _____
CITY | STATE | ZIP _____
PHONE _____
ACCOUNT NUMBER _____ HOW MANY YEARS _____

TRADE REFERENCES

NAME _____
CONTACT PERSON _____
ADDRESS _____
CITY | STATE | ZIP _____
PHONE _____
CREDIT LIMIT _____ HOW MANY YEARS _____
NAME _____
CONTACT PERSON _____
ADDRESS _____
CITY | STATE | ZIP _____
PHONE _____
CREDIT LIMIT _____ HOW MANY YEARS _____
NAME _____
CONTACT PERSON _____
ADDRESS _____
CITY | STATE | ZIP _____
PHONE _____
CREDIT LIMIT _____ HOW MANY YEARS _____