

CREDIT APPLICATION



Printing/Packaging/Communications

Legal Name of Business: _____

DBA or Tradestyle: _____

Division of: _____ Year Established _____

Type of Business:

Sole proprietorship Other _____

Partnership Corporation

Tax Exempt Number: _____

attach Certificate

Color Ink Sales Representative: _____

Credit Contact:

Name _____

Title _____

Telephone: (_____) _____

Fax: (_____) _____

Bill to Address:

Street: _____

P.O. Box _____

City _____

State: _____ Zip: _____

Buyer Contact:

Name _____

Title _____

Telephone: (_____) _____

Fax: (_____) _____

Ship to Address:

Street: _____

City _____

State: _____ Zip: _____

Owner/Principal:

Name _____ Title _____

Home Address: _____

City: _____

State: _____ Zip: _____

Telephone (_____) _____ Fax: (_____) _____

Social Security Number: _____

IMPORTANT:

PLEASE LIST YOUR BANKING AND SUPPLIER REFERENCES ON THE REVERSE SIDE. ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL AND FOR THE SOLE USE OF COLOR INK.

(OVER)

A SIGNATURE IS REQUIRED TO ALLOW THE APPLICATION TO BE PROCESSED:

I (We) hereby agree that:

1. Color Ink, Inc. may contact firms or persons named above for verification of facts and payments of funds.
2. I (We) will notify Color Ink, Inc., immediately of any changes of the above facts.
3. All invoices will be paid within the terms indicated.
4. I (We) will pay late payment charges of 1.5% per month (18% annual rate) on invoices over 30 days past due.
5. I (We) will pay any collection costs or attorney's fees charged to Color Ink, Inc. if third party intervention becomes necessary.

The representations made herein are correct to the best of my knowledge and I understand this application may be rejected or revoked by Color Ink, Inc. at any time if the actual facts are found to differ materially from those stated on the credit application.

Print Full Name & Title: _____

Signature: _____

Date: _____

