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## ACCOUNT APPLICATION CONFIDENTIAL

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

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID# \_\_\_\_\_

Billing address if different from above

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Account Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

A/P Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Company Est. When \_\_\_\_\_ Tax. Exempt # \_\_\_\_\_ Bank \_\_\_\_\_

Three Credit References

1

2

3

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Line of Credit \$ \_\_\_\_\_

Upon signing this application I \_\_\_\_\_, holding the position of \_\_\_\_\_  
Am aware of the following guidelines:

**1. ALL POSTAGE MUST BE PREPAID**  
(UNLESS PRIOR ARRANGEMENTS WERE MADE)

**2. THE INITIAL CREDIT TERMS ARE NET 10 DAYS**  
(LONGER TERMS MAY BE APPROVED)

**PLEASE return this application as soon as passable because, Until credit is approved, advance payment is necessary. My company agrees to pay any collection cost incurred to collect the amount balance including reasonable attorney fees.**

**I realize future MAILINGS can be held back if previous invoices are not paid within these terms. I certify that all information provided is complete and accurate, and I agree to be bound by the conditions herein.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date