



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