

Credit Application

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Many of our new customers are eager to begin production with us. We ask that your application is received with sufficient time for processing (at least two business days) before receiving your files. This ensures a smooth transition so we may concentrate on moving forward with your project once received.

Account Name						
Mailing Addres	s		City	State	Zip	
Shipping Addre	ess		City	State	Zip	
Web Site			E-Mail			
Phone #			Fax#			
Number of years in business			Salesperson	_ Salesperson		
Approximate yearly printing purchases \$			Number of Emp	_ Number of Employees		
Credit limit req	uest					
Primary Contac	ct					
Phone #		Fax #	Cell #	E-Mail		
Accounts Paya	able Contact					
Phone #		Fax #	Cell #	E-Mail		
Are you exemp	ot from sales tax?	Why? _				
Tax exemption	or resale number		Please t	ax resale certificate wit	h application.	
TRADE REFER	ENCES Name	e	Phone #		Fax #	
1						
2						
3						
			eard and American Exprese renced credit card for work		es tax and freight charges.	
Credit Card Name			Number			
Expiration Date Authorized S			horized Signature			
SIGNATURE	Applicants Signature attest financial responsibility, ability and willingness to pay our invoices in accordance with the terms approved for your account. A late payment charge of 1-1/2% per month (18% per annum) from invoice date accrues on the total past due balance. Applicant agrees to pay interest and any collection or attorney's fees necessary to collect our invoices. Applicant has read, understands and agrees to this. The above-named firm, or individually, guarantee(s) the payment in full of all indebtedness incurred by the above-named firm, or individual to you, as well as reimbursement to you for all expenses incurred in collecting said indebtedness, including, but not limited to attorney's fees, and cost, together with interest thereon and on notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given; that terms may be rearranged, extended and/or renewed without notice to the Undersigned; andthat the Undersigned will, within five days of receipt of notice that the account is past due, pay in full the amount due.					
	Company Name		Title			
	Signature		Print Name			