

# alphagraphics®

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**IN THE CULTURAL DISTRICT**

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Pending Credit Approval, orders will be released upon Receipt of Payment

### NAME OF BUSINESS

### BUSINESS AND CREDIT INFORMATION

Business address:

City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Billing address (If different than above):		Accounts Payable Contact:
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:

### BANK REFERENCES

Bank name:	
Bank address:	
City:	State: ZIP Code:
Type of account	Account number
Checking	
Money Market/Other	
How long have you been dealing with this bank?	
If fewer than 2 years, also attach information on previous bank.	

### BUSINESS/TRADE REFERENCES (PREFER LOCAL; NO UTILITIES, CREDIT CARDS, OR BIG-BOX VENDORS)

Vendor name:		
Address:	City, State:	ZIP Code:
Phone:	Fax:	E-mail:
Vendor name:		
Address:	City, State:	ZIP Code:
Phone:	Fax:	E-mail:
Vendor name:		
Address:	City, State:	ZIP Code:
Phone:	Fax:	E-mail:

### AGREEMENT

1. If credit is granted, all invoices are to be paid 30 days from the date of the invoice. A service charge of 1.5% per month may be added to your past due account. You agree to pay any and all reasonable collection and legal fees that may be incurred in collecting payment from your company.
2. By submitting this application, you authorize the banking and business/trade references that you have supplied to release your information to Alphagraphics 514.
3. If your company requires a PO to process payment, you will provide the PO to Alphagraphics before the order is released.

### SIGNATURES

Print Name and Title: Date:	Signature
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Return Credit Application, W-9 and  
(if applicable) Sales Tax Exemption Certificate

**FAX (412) 261-3277**  
or email to :  
[Claudia@alphagraphics.com](mailto:Claudia@alphagraphics.com)