



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Pending Credit Approval, orders will be released upon receipt of payment.

BUSINESS AND CREDIT INFORMATION			
Name of business:			
Type of business:		Date established:	
Business address:			
City:	State:	ZIP code:	
Telephone:		Fax:	
Contact name:		Email:	
AP contact:		Email:	
Billing address (if different than above):			
City:	State:	ZIP code:	
BANK REFERENCES			
Bank name:			
Bank address:			
City:	State:	ZIP code:	
Phone:		Fax:	
Type of account:		Account number:	
BUSINESS/TRADE REFERENCES (PREFER LOCAL; NO UTILITIES, CREDIT CARDS OR BIG-BOX VENDORS)			
Vendor name:		Contact name:	
Address:			
City:	State:	Zip code:	
Telephone:	Fax:	Email:	
Vendor name:		Contact name:	
Address:			
City:	State:	Zip code:	
Telephone:	Fax:	Email:	
Vendor name:		Contact name:	
Address:			
City:	State:	Zip code:	
Telephone:	Fax:	Email:	
AGREEMENT			
<ol style="list-style-type: none"> 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, 814 Penn Ave., Pittsburgh, PA 15222. 3. If your company requires a PO to process payment, you will provide the PO to AlphaGraphics before the order is released. 			
SIGNATURE			
Print name and title:			
Signature:			Date:

**Please return Credit Application, W-9 and Sales Tax Exemption Certificate (if applicable) via:
Fax: (412) 261-3277 or Email: claudia@alphagraphics.com**