

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

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

Name of business: Date established: Type of business: Date established: Business address: City: City: State: ZIP code: Telephone: Fax: Contact name: Email: AP contact: Email: Billing address (if different than above): City: City: State: ZIP code: Bank name: Bank address: City: State: ZIP code: Phone: Fax: Contact name: Option: Fax: ZIP code: Phone: Fax: ZIP code: USINESS/TRADE REFERENCES (PREFER LOCAL: NO UTILITIES, CREDIT CARDS OR BIG-BOX VENDORS) Vendor name: Address: City: State: Zip code: City: State: Zip code: City: City: State: Zip code: Contact name: Address: City: State: Zip code: City: City: State: Zip code: City: City: City code: City: City: State: Zip code: City:	BUSINESS AND CREDIT INFORMATION						
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Please return Credit Application, W-9 and Sales Tax Exemption Certificate (if applicable) via: Fax: (412) 261-3277 or Email: claudia@alphagrahics.com