

Application For Credit

Company Name _____
 DBA or T/A _____
 Billing Address _____
 Shipping Address (if different) _____
 City _____ State _____ Zip Code _____
 Phone: () _____ Fax: () _____
 E-Mail: _____

GENERAL INFORMATION

Type of Organization: Corporation In the State of _____
 Partnership Sole Proprietor

Date Established: _____ Type of Business _____

Corporate Officers/Titles:

_____	Title _____	Phone _____
_____	Title _____	Phone _____
_____	Title _____	Phone _____

Federal Tax ID # _____ *
 *If tax exempt, please fax a copy of current tax exempt certificate.

Accounts Payable Contact Person: _____

Please provide three trade references:

Company	Contact Person	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The preceding information is provided for the sole purpose of establishing credit with GraphiCadd Supplies, Inc. and otherwise is to be kept private and confidential. I do hereby authorize any of the references and/or banks to release information concerning our account(s) to GraphiCadd Supplies, Inc. I understand that the terms of payment are Net 30 Day, Visa, MasterCard, or American Express and that any overdue balances are subject to a 1.5% late charge. Returned checks are subject to a \$35.00 fee. As an authorized agent for the above named company, I hereby accept those terms and conditions.

Name/Title _____
Date