

# ADVERTISERS PRINTING COMPANY, INC.

## CREDIT APPLICATION

GENERAL INFORMATION

Company Name \_\_\_\_\_ Date Established \_\_\_\_\_  
 DBA (if different) \_\_\_\_\_ Principal product/service offered \_\_\_\_\_  
 Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_  
 Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Federal Tax I.D. or SSN \_\_\_\_\_  
 Billing Contact \_\_\_\_\_ Tax Exempt: YES or NO Tax Exempt # \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

PRINCIPALS

Name _____ Title _____	Name _____ Title _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Name _____ Title _____	Name _____ Title _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

TRADE REFERENCES

Printer Trade Reference _____	Contact Person _____
Address _____	Phone _____
City _____ State _____ Zip _____	Fax _____
Trade Reference _____	Contact Person _____
Address _____	Phone _____
City _____ State _____ Zip _____	Fax _____
Trade Reference _____	Contact Person _____
Address _____	Phone _____
City _____ State _____ Zip _____	Fax _____

BANK

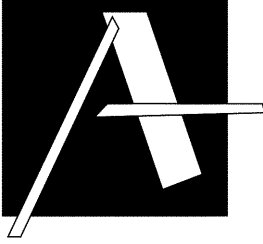
Bank Reference _____ Account # _____	Contact Person _____
Address _____ Account # _____	Phone _____
City _____ State _____ Zip _____ Loan # _____	Fax _____

AUTHORIZATION

### REPRESENTATION AND AUTHORIZATION TO RELEASE INFORMATION:

I represent that the above information is true and correct and is given to induce Advertisers Printing Company to extend credit to the applicant. My company and I authorize Advertisers Printing Company to make such credit investigation as it sees fit, including contacting trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of the company and its principals.

Company: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_



# ADVERTISERS PRINTING COMPANY, INC.

## CREDIT INFORMATION SHEET

As our client and business partner, we value your business and we will strive to build on this relationship. In order for us to better understand your business needs and processes, please complete the information requested below.

Company Name: \_\_\_\_\_

Amount of Credit Requested \$ \_\_\_\_\_

### Purchase Order Process

Purchase orders required? YES or NO

Authorized purchasers: \_\_\_\_\_  
\_\_\_\_\_

### Accounts Payable Process

How often do you pay accounts payable invoices: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

On which days/dates do you mail accounts payable payments: \_\_\_\_\_

Please describe any special accounts payable processes (i.e. "cut-off" dates, special approval policies, etc.) that may prevent an invoice from being paid within the agreed upon 30 day credit terms. Also, please include the dates on which payment can be expected under these circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Information

Invoices mailed to the attention of: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Invoices approved by: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Payments authorized by: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_