

CREDIT APPLICATION



bill to:

name division/subsidiary
address
city state zip
phone fax

ship to (if different):

name
address
city state zip

names:

president treasurer
accounts payable buyer

general business information:

type of business number of years in business
 D/B/A Individual Partnership Corporation
for resale or tax exempt yes no If yes, please submit a resale certificate or tax exemption form with this application.

bank reference:

bank name phone
city state zip
checking account number

business credit references (please include at least one printing or design firm):

name
address
city state zip
phone fax high credit \$

name
address
city state zip
phone fax high credit \$

name
address
city state zip
phone fax high credit \$

signature date
print name title

203 Middlesex Turnpike
Burlington, Massachusetts 01803
781-229-1500 fax 781-229-1510
www.thegraphicgroup.com

terms of the sale

The applicant and undersigned agree that when the account is established, all charges will be paid within a 30 day period. Additional terms noted on each invoice may be different. A service charge of (1½%) per month will be charged on all account invoices over 30 days old. Terms are subject to change without notice. The applicant assumes responsibility for all fees associated with the collection of delinquent balances.