

# Credit Application for Open Account



print-tech Inc

Please completely fill out, sign and date this form.  
 Mail to: Print-Tech Inc. • Attn Credit Department  
 6800 Jackson Road • Ann Arbor, Michigan 48103

Phone (734) 996-2345 • Fax (734) 996-2340

Company Name			Phone
Street Address			In Business Since
City	State	Zip	Expected Monthly Credit Needed

Billing Address (If different from above) \_\_\_\_\_ Attention of: \_\_\_\_\_

Do you require use of a purchase order?  Yes  No

Authorized buyer's name(s) \_\_\_\_\_

Type of Business	State which Incorporated
------------------	--------------------------

Primary Business \_\_\_\_\_

This is:  Home Office  Branch of subsidiary of:

Federal I.D. Number \_\_\_\_\_  Taxable  Non-Taxable

Names of Principal Owners or Officers	Position	With Firm Since	Employment Status
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Inactive
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Inactive
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Inactive

## BANK REFERENCES

Bank Name	Complete Address & Zip Code	Phone	Account Number

## TRADE REFERENCES

Firm Name	Complete Address & Zip Code	Phone Number	Fax Number

I certify the above information is accurate as of this date. This application is submitted for consideration of extension of credit by Print-Tech Inc. You have our permission to contact the firms listed for this purpose. Our company is financially able to meet any commitments we will make, and we expect to pay your invoices according to your terms. I understand that 2% per month will be added to unpaid balances over 30 days. I also understand that any orders placed now, will be on a C.O.D. basis until this credit application is approved. This process takes two to four weeks.

**X** \_\_\_\_\_  
**Signature (required)** **Title** **Date**