



Architectural
 Digital Imaging
 Large Format Printing
 Managed Print Services
 Digital On Demand Printing

BUSINESS CREDIT APPLICATION FOR MONTHLY BILLING

Business Name			
Street Address			
City, State, Zip			
Phone & Fax			
Legal Ownership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Other
Principal	Name:	Title:	
Tax ID# or SS#			
Purchase Order	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required	

Accounts Payable Contact Information

Name			
Title			
Phone & Fax			
Email Address			

Preferred Payment Information

<input type="checkbox"/> Credit Card	Type:		
CC#	EXP	CVC	
Billing Address:			
<input type="checkbox"/> Checking Account	Bank Name:		
Account #	Routing #		

Trade References

1.	
2.	
3.	

It is agreed that if a line of credit is extended to your organization, payments will be tendered in accordance with CDR Graphics, Inc. selling terms of NET 30 days. Each invoice is subject to a finance charge of 18% percentage annually if not paid within 30 days. The undersigned has read this credit application and agrees to be bound by its terms and conditions stated herein.

Authorized Signature

Print Full Name

Date

Information Release Authorization

Company Name			
Street Address			
City, State, Zip			
Phone & Fax	Phone:	Fax:	