

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:

Phone: Fax: E-mail

Registered Company Address

City: State: Zip Code:

Date Business Commenced

Sole Proprietorship: Partnership Corporation: Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:

City: State: Zip Code:

Telephone: Fax: E-mail:

Bank Name: Account Number

Bank Address: Phone:

City: State: Zip Code:

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City: State: Zip Code:

Phone: Fax:

Company Name:

Address:

City: State: Zip Code:

Phone: Fax:

Company Name:

Address:

City: State: Zip Code:

Phone: Fax:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. A finance charge of 2% per month will be charged on all past due accounts.
2. Claims arising from invoices must be made within five working days.
3. By submitting this application, you authorize North Star Printing to make inquiries into the banking and business/trade references that you have supplied.
4. All North Star Printing terms and conditions apply. They can be viewed at www.nsprinting.net.

SIGNATURES

Title: Title:

Date: Date: