

14012 NW 82 Avenue sales@ecoprintq.com

## **Credit Application**

## Please fill out all the information on this form to process application.

The top section, trade references, bank references and terms of sale sections must be completed or this form will not be processed.

General Information										
Tax ID Number				Terms Applied for			Date			
D&B Number	Rating		Account Executive							
Legal Name/DBA				Type of Business	Corporation Proprietors		Years in Business			
Address				County			Fax			
City, State, Zip					Payable Contact		Telephone			
If Branch, Give Home Office Address				City, State	, Zip	Lip				
Cell Phone		Email		Website UI	RL					
Additional information required for conditional sales contracts under the uniform commercial code.  Full name of owner or owners (or an authorized officer of corporation) List home address and zip code for partnership or individual home phone.										
Name (s)	me (s)									
Home Address				City, State	, Zip					
Home Phone				Email Addr	ess					
Debtor Signature (Individual Signing contract)				Title						
Trade References (3 required)			Bank References (1 required)							
Name				Bank Nan	ne		Branch			
Address				Address						
City, State, Zip				City, State	e, Zip		Phone			
Contact				Contact						
Phone				Account N	lumber	er				
Email Address				Email Add	dress					
Name										
Address				Terms of Sale:  Net 30 days from the date of invoice, except where otherwise agreed in writing by ecoprint() Inc direct.						
City, State, Zip				FOB is point of Origin. A full version of the terms and conditions governing all transactions are available via mail from ecoprintQ Inc direct.						
Contact				I/We certify the above information is correct. The above information is for the purpose of obtaining credit.  I/We authorize the firm to whom this application is made to investigate the references						
Phone				and bank information listed on this credit application.  I/We warrant that all statements made herin are true and correct to the best of our knowledge.  The applicants signature attests financial responsibility, ability and willingness to pay our invoices in full.						
Email Address					Signature					
Name					Title					
Address	The undersigned individual who is principal, proprietor, partner or authorized represent									
City, State, Zip				the entity applying for business credit and therefore desirous of a business relationship with [creditor], recognizing that their individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to the use of the consumer credit report of the						
Contact					undersigned by [creditor] as may be necessary in the credit evaluation process and for periodic review for the purpose of maintaining the credit relationship.					
Phone				Signatur	Signature					
Email Address					organica C					