



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
How long at current address?			
Bank 1 name:			
Bank 1 address:		Phone:	
Type of account:			
Bank 2 name:			
Bank 2 address:			
Type of account:			
Bank 3 name:			
Bank 3 address:			
Type of account:			
Current Bank Officer Reference 1:		Location:	
Current Bank Officer Reference 2:		Location:	
Current Bank Officer Reference 3:		Location:	
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:		My business has worked with this company for ____ years.	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:		My business has worked with this company for ____ years.	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:		My business has worked with this company for ____ years.	
AGREEMENT			
By submitting this application, you authorize The Printing Co. to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Title: Date:		Title: Date:	