

Application for Credit
Complete and fax to: 978-276-1275

Date: _____

Name: _____
 (Exact legal name for billing purpose)

Mailing Address: _____
 Street City State Zip

Billing Address: _____
 (If different) Street City State Zip

Telephone #: _____ Fax #: _____ E-mail: _____

How long in Business? _____ At this address? _____ No. of employees? _____

What is the nature of your business?

Business Form: Corporation Partnership Sole Proprietor

MA Sales Tax Status: Taxable Non-Taxable (Please attach resale certificate)

Contact regarding payment of invoice: _____
 Name Telephone #

Are Purchase Orders Required? Yes No Do your receiving documents require P.O. numbers? Yes No

Amount of first order: \$ _____ Expected high credit required: \$ _____

REFERENCES

Bank Account #

Street City State Zip

1. Trade/Supplier Street Address

City, State, Zip Telephone # Fax #

2. Trade/Supplier Street Address

City, State, Zip Telephone # Fax #

3. Trade/Supplier Street Address

City, State, Zip Telephone # Fax #

Other information: (Special Billing/Shipping Instructions, etc.)

I hereby certify that the information in this credit application is correct. The information included in this credit application is for the use of Direct Printing & Graphics in determining the amount and conditions of credit to be extended. I understand that Direct Printing & Graphics may also utilize other sources of credit information which it considers reliable in making the determination. Further, I hereby authorize the bank and supplier references listed in the credit application to release the information necessary to assist Direct Printing & Graphics in establishing a line of credit.

Authorized Signature Title Date