



Credit Application

Date: _____ How did you find us? _____

Company Name: _____ DBA _____

Phone Number: _____ Fax Number: _____

Street: _____ Acct #: _____

City: _____ P.O. Box _____

State: _____ Zip: _____ County: _____

Form Of Ownership: Proprietorship _____ Partnership _____ Corporation _____ Non-Profit _____

Sales Tax # _____ State _____ FID # _____ State of Incorporation _____

Credit Limit Requested \$ _____ Year Business Started _____ No. Of Employees _____

Principal Owner or Officers of Company, and Title:

Accounts Payable Contact/Phone/Email _____

BANK REFERENCE

Principal Bank _____ Acct # _____ Phone # _____

Street _____ Fax # _____

City _____ State _____ Zip _____

TRADE REFERENCES

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State/Zip _____ State/Zip _____ State/Zip _____

Phone # _____ Phone # _____ Phone # _____

Fax # _____ Fax # _____ Fax # _____

Acct. # _____ Acct. # _____ Acct. # _____

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. Applicant also agrees to pay 1.5% per month service charge for accounts over thirty days old.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. InkCycle, is authorized to investigate the credit references listed above. Application will not be processed without signature.

Owner/Partner/President Signature: _____ **Date:** _____