

CREDIT APPLICATION



DIGITAL PRINTS & IMAGING

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*** Completion and approval of this credit application will open an account in both locations. Billing will occur from the location in which the job is completed, unless otherwise specified**

CHECK TYPE OF ACCOUNT:

- Personal or Individual DBA Complete Parts I, II, & V
- Partnership Complete Parts I, III, & V
- Corporation Complete Parts I, IV, & V

*** To ensure timely processing of your application, please complete all parts of the application pertaining to the type of account chosen above**

PART I

Account Name: _____ Contact: _____

Billing Address: _____

Business Address (if different from above): _____

Phone: _____ Fax: _____ Alternate # : _____

PART II

Federal ID # : _____

PART III

Names of Partners

Home Address

Partnership Federal ID #: _____

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PART IV

Principal Officers: _____ Title: _____

Corporation Federal ID #: _____

PART V

Years in business: _____ Previous Address: _____

Credit References (Open Accounts):

** Please provide Name, Address, Phone, and Fax .For each credit reference - at least 2 references must be provided for processing*

1. _____
2. _____
3. _____

Banking Information:

Bank: _____ Phone #: _____

Address: _____

Checking Acct : _____ Savings Acct : _____

Taxable Non-taxable Resale Permit #: _____

** If resale, please provide us with a copy of permit*

Does your company require purchase orders? Y N If yes, over what amount? _____

Approximate (Monthly) amount of credit desired: \$ _____

Please list authorized buyers: _____

Terms : Net 15 / 1½ % Monthly Finance Charge

I hereby understand that Digital Prints & Imaging and Healdsburg Blueprint will rely on the above information in the evaluation of this credit application. I have supplied this information, affirm that it is true, authorize investigation of the references listed and authorize the opening of an account.

Authorized Signature: _____ Date: _____