



The Proof is in The Printing!

**CREDIT
Application**

2007 North Hamilton Street • Richmond, Virginia 23230-0901
1-804-359-9206 • 1-800-344-9206 • FAX 1-804-359-4907
www.carterprinting.com

Richmond, Virginia
804-359-9206

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919-619-1519

COMPLETE IMAGING, DESKTOP PUBLISHING, PRINTING, BINDING & MAILING FACILITY

Requested By: _____

APPLICATION FOR CREDIT

Date: _____

NAME OF FIRM OR INDIVIDUAL _____
(Please give exact billing name & address)

Credit Limit Request _____

CONTACT: _____

Years at this Address _____

ADDRESS _____

()
AREA CODE PHONE #

CITY _____ ZIP _____

()
AREA CODE FAX #

HEREBY applies for credit in accordance with the terms and conditions of:

Return completed application to:
CPC Administrator



2007 N. Hamilton St. • Richmond, VA 23230
Phone: (804) 359-9206 • (800) 344-9206 • Fax: (804) 359-4907

We Accept



Ownership: The following information must be provided. It will be held in the strictest confidence.

**PLEASE INCLUDE A COPY OF
YOUR VA SALES TAX EXEMPTION
CERTIFICATE IF APPLICABLE.**

Corporation Non Profit Corp. Partnership Individual

Federal Taxpayer Identification No. _____

| NAME(S) OF PRINCIPAL(S) | TITLE | COMPLETE ADDRESS | PHONE |
|-------------------------|-------|------------------|-----------|
| 1 _____ | | | () _____ |
| 2 _____ | | | () _____ |
| 3 _____ | | | () _____ |

Finance:

| | |
|--------------------|----------------------------------|
| BANK NAME _____ | BANK ADDRESS _____ |
| BANK OFFICER _____ | PHONE _____ ACCOUNT NUMBER _____ |

| References: | BUSINESS NAME and CONTACT | ACCT. NUMBER | COMPLETE ADDRESS | Phone () _____ |
|-------------|------------------------------|--------------|------------------|----------------------------------|
| Contact | 1 _____ | | | FAX () _____ |
| Contact | 2 _____ | | | Phone () _____ FAX () _____ |
| Contact | 3 _____ | | | Phone () _____ FAX () _____ |
| Contact | 4 _____ | | | Phone () _____ FAX () _____ |

Check here if COD sales are okay until credit is approved _____. Sales Range for current year:

- a. sales less than \$50,000 b. \$ 50,001 to \$100,000 c. \$100,001 to \$250,000 d. \$250,001 to \$500,000
 e. \$500,001 to \$1,000,000 f. \$1,000,001 to \$5,000,000 g. sales are over \$5,000,000

I/We understand and agree that any credit granted shall be paid promptly in accordance with terms and agreements, that the credit grantor may add one and one-half percent (1½%) per month to any balance owed, and in event of default to **pay reasonable collection charges** and/or attorney fees.

By signing below we certify all of the information is correct. We also authorize the references to release information regarding our account. We agree to payment in accordance to the terms of extended credit.

SIGNED _____ TITLE _____ DATE _____

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| | |
|------------------------------------------------------------------------------|--------------------|
| Job Name and Number | Purchase Order No. |
| Salesman | Quoted Price |
| Terms: (Net 30) unless otherwise written here: | |
| Credit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Remarks: | |
| | |
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