



OFFICE USE	
Date	_____
Sales Rep.	_____
Account #	_____
Credit Limit	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied by _____

Credit Application And Agreement

We are very pleased that you are interested in obtaining a credit account with our company. The following information must be completed as we must justify the trust we will place in your company based on your past business credit experience.

Full Company Name			<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Business Address			Telephone
City	Province/State	Postal Code/Zip	Fax
Nature of Business	Date Established	Years at this location	Years in Business
Persons Authorized to Place Orders			
GST # if exempt	PST # if exempt	FIN # (US clients, required)	

OFFICERS:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Accounts Payable Contact _____ Phone _____ Fax _____

Email Address _____

REFERENCES: Please list graphic arts firms / printers and other trade businesses where you have had an open account in the past year:

Name _____ Phone () _____

Address _____ Fax () _____

City _____ Prov./State _____ PC / Zip _____ Contact _____

Name _____ Phone () _____

Address _____ Fax () _____

City _____ Prov./State _____ PC / Zip _____ Contact _____

Name _____ Phone () _____

Address _____ Fax () _____

City _____ Prov./State _____ PC / Zip _____ Contact _____

Name _____ Phone () _____

Address _____ Fax () _____

City _____ Prov./State _____ PC / Zip _____ Contact _____

BANKING REFERENCE:

Bank _____ Contact _____
 Address _____ City _____ Prov. / State _____
 PC / ZIP _____ Phone () _____ Fax () _____ Account # _____

Is your company required to take early payment discounts if offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit amount Requested per month	Credit terms Requested
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TERMS AND CONDITIONS:

- 1) It is agreed and understood by the Applicant that payment shall be made within 30 days from invoice date of all assessed charges rendered by Printcrafters Inc. Any change to these terms must be approved, in writing, by the Financial Controller of Printcrafters Inc. Failure to comply with payment instructions may be sufficient cause for Printcrafters Inc. to suspend credit privileges.
- 2) An interest rate of 2% per month may be calculated on all outstanding balances. Applicant agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection fees, legal fees, interest, and court costs.
- 3) Agents or representatives of Printcrafters Inc. are not authorized to change or adjust credit terms without written authorization of the Financial Controller of Printcrafters Inc.
- 4) NSF cheques are subject to a \$100.00 charge.
- 5) No further product shipments will be made on overdue accounts.
- 6) All claims against invoices must be made in writing 30 days following the receipt of goods.
- 7) In the event of a conflict between any term, condition, or provision of this application and those of any agreement entered into between Printcrafters Inc. and the Applicant, then the terms, conditions, and provisions of this application shall govern.
- 8) No statement will be sent.

I/We agree to the stated terms and conditions as stated in this application and authorize Printcrafters Inc. to conduct or cause to conduct an investigation in regards to this credit application as indicated by the signature (a noted officer of the Applicant) below:

 Applicant – Signature and Title

 Date

Leading the Way