



COMMERCIAL ACCOUNT CREDIT APPLICATION

For DGI Use Only	
<input type="radio"/> Open	<input type="radio"/> Probationary _____
<input type="radio"/> Limited:	_____
<input type="radio"/> COD/Refused	_____
Date: _____	By _____

Date: _____

Firm Name: _____ Phone: _____

d.b.a. _____ FAX _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Business Type: _____ Corporation _____ Partnership _____ Sole Proprietor

As applicable, list names and titles of corporate officers, partners, or sole proprietor:

Name: _____ SS# _____ Title: _____

Name: _____ SS# _____ Title: _____

Name of Parent Company, if applicable: _____

Type of Business: _____ How Long in Business: _____ Number of Employees: _____

Credit Line Requested: \$ _____ Do you require P.O.'s on invoices? _____

Name of Person Responsible for Accounts Payable: _____

Name of Bank: _____ Branch: _____ Phone: _____

Address: _____ Savings # _____

Person to Contact at Bank: _____ Checking # _____

Financial Statement Available? _____ Loan # _____

SUPPLIERS (Do **not** include credit cards, utilities, personal accounts or landlords)

Name: _____ Phone: _____

City: _____ State: _____ Zip: _____

Average Monthly Purchases: \$ _____

Name: _____ Phone: _____

City: _____ State: _____ Zip: _____

Average Monthly Purchases: \$ _____

Name: _____ Phone: _____

City: _____ State: _____ Zip: _____

Average Monthly Purchases: \$ _____

AUTHORIZED BUYERS

Name

Title

1. _____

2. _____

IN CONSIDERATION OF EXTENSION OF CREDIT BY NW PREPRESS GROUP INC., DBA DELTA GRAPHICS, I AGREE TO THE FOLLOWING TERMS OF SALE: NET 30 DAYS FROM DATE OF INVOICE. CHARGE OF 2% PER MONTH ON ALL ACCOUNTS 30 DAYS PAST DUE (24% ANNUALLY). IF SIGNING ON BEHALF OF A CORPORATION, I PERSONALLY GUARANTEE ALL OF THE TERMS HEREOF, INCLUDING PAYMENT OF ALL OBLIGATIONS. THE UNDERSIGNED ALSO AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY FEES SHOULD LEGAL ACTION BE REQUIRED. WE HEREBY AUTHORIZE CREDIT REFERENCES TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT WITH DELTA GRAPHICS. I AUTHORIZE NW PREPRESS GROUP INC., DBA DELTA GRAPHICS TO OBTAIN A PERSONAL CONSUMER REPORT FOR EXTENSION OF CREDIT.

Date: _____ Signature: _____