



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company Name:

Phone:

Fax:

Email:

Registered Company Address:

City:

State:

Zip Code:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:

City:

State:

Zip Code:

How long at current address?

Phone:

Fax:

Email:

Name of Bank:

Bank Address:

Phone:

City:

State:

Zip Code:

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of Account:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of Account:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of Account:

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. Disputes arising from invoices must be made within seven business days.
3. By submitting this application, you authorize Paragon Printing, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: