

MEDIA GRAPHIX

6180-L Atlantic Blvd., Norcross, GA 30071 Phone (770) 447-0702 Fax (770) 447-0420

CREDIT APPLICATION

CUSTOMER INFORMATION

NAME _____

DIVISION or SUBSIDIARY _____

ADDRESS _____

CITY _____ STATE _____

COUNTY _____ FAX NO. () _____

TYPE OF BUSINESS _____

PROPRIETORSHIP PARTNERSHIP CORPORATION

YEARS IN BUSINESS _____ YEARS OF INC. _____ STATE OF INC. _____

OFFICERS' NAMES _____

ARE PURCHASES TO BE SALES or USE TAX EMEMPT?

YES NO

If yes please insert certificate no. below AND fax a certificate of exemption FORM ST-5 (attached)
CERTIFICATE NO. _____

BANK REFERENCE

BANK NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO () _____

SAVINGS ACCT. NO. _____ CHECKING ACCT. NO. _____

CONTACT _____

BUSINESS CREDIT REFERENCE *List minimum of three*

PLEASE SEE ATTACHED SHEET FOR REFERENCES

For the purpose of obtaining merchandise or service from you on credit, the above can be relied on as complete, truthful and accurate, to the best of my knowledge. As a condition of sales agreement, all invoices are due and payable within 30 days from date of invoice. Balances unpaid after 30 days are subject to a service charge of 1 ¾ % per month. All claims for which we may be responsible must be made within 10 days from date materials are received. Should be necessary to place account with collection agency or attorney, the Applicant agrees to pay all costs and attorney fees in addition to other sums due. The undersigned warrants the above agreement has been carefully read and Applicant understands the same.

SIGNED: _____ DATE: _____

TITLE: _____

Business Credit Reference Sheet
(List a minimum of three)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____