

**Application For Credit**

Company Name \_\_\_\_\_  
 DBA or T/A \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Shipping Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**GENERAL INFORMATION**

Type of Organization:  Corporation In the State of \_\_\_\_\_  
 Partnership  Sole Proprietor

Date Established: \_\_\_\_\_ Type of Business \_\_\_\_\_

**Corporate Officers/Titles:**

_____	Title _____	Phone _____
_____	Title _____	Phone _____
_____	Title _____	Phone _____

Federal Tax ID # \_\_\_\_\_ \*  
 \*If tax exempt, please fax a copy of current tax exempt certificate.

Accounts Payable Contact Person: \_\_\_\_\_

**Please provide three trade references:**

Company	Contact Person	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

The preceding information is provided for the sole purpose of establishing credit with GraphiCadd Supplies, Inc. and otherwise is to be kept private and confidential. I do hereby authorize any of the references and/or banks to release information concerning our account(s) to GraphiCadd Supplies, Inc. I understand that the terms of payment are Net 30 Day, Visa, MasterCard, or American Express and that any overdue balances are subject to a 1.5% late charge. Returned checks are subject to a \$35.00 fee. As an authorized agent for the above named company, I hereby accept those terms and conditions.

\_\_\_\_\_  
**Name/Title** **Date**