



APPLICATION FOR CREDIT

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PLEASE FILL OUT COMPLETELY

Company Name _____ Date _____

Street Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____

Person Completing Application (Please Print) _____ Title _____

Officers/Principals of Firm: 1. _____
2. _____
3. _____

Type of Business _____ No. of Employees _____ Date Established _____

Corporation Partnership Sole Proprietorship Other _____

Tax ID# _____

Are you tax exempt? Y N # _____ (Attach Tax Exempt Form)

Business Bank _____ Account No. _____ Checking

Bank Address (branch) _____ Phone _____ Savings

Trade References (three current suppliers)

1. Name _____ Account No. _____ Phone _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Account No. _____ Phone _____
Address _____ City _____ State _____ Zip _____

3. Name _____ Account No. _____ Phone _____
Address _____ City _____ State _____ Zip _____

Billing Information:

Billing Address (if different) _____ City _____ State _____ Zip _____

Contact Name _____ Title _____

Email _____

P.O. Required? YES NO

CREDIT AGREEMENT - CUSTOMER VERIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY GRANTS PERMISSION FOR ANY PERSON TO FURNISH TO STERLING PRINTING ANY AND ALL INFORMATION WHICH MAY PERIODICALLY BE REQUESTED. CUSTOMER ALSO AGREES TO PAY FOR ANY AND ALL CHARGES UNDER AND PURSUANT TO ITS ACCOUNTS, WHETHER ORDERED BY THE CUSTOMER OR BY ANY PERSON REPRESENTING HIMSELF/ HERSELF/ ITSELF TO BE AN AGENT, EMPLOYEE OR REPRESENTATIVE OF THE CUSTOMER. CREDIT TERMS ARE AT THE ABSOLUTE DISCRETION OF CREDITOR WHO MAY TERMINATE, ALTER OR DENY CREDIT TERMS WITHOUT NOTICE, AND WITHOUT CAUSE. ALL SALES ON CREDIT ARE NET 10 DAYS FROM THE END OF THE MONTH OF DATE OF INVOICE. ALL PAST DUE ACCOUNTS ACCRUE INTEREST AT 1-1/2% PER MONTH ON THE DECLINING UNPAID BALANCE, OR AT THE LEGAL RATE OF INTEREST, WHICHEVER IS LESS. THE ACCRUAL OR PAYMENT OF INTEREST DOES NOT AUTHORIZE THE CUSTOMER TO DEFER PAYMENT OF ANY INDEBTEDNESS BEYOND THE CREDIT TERMS STATED HEREIN. IN THE EVENT OF THE DELINQUENCY OF ANY ACCOUNT, CUSTOMER AGREES TO PAY ALL COLLECTION COSTS, ATTORNEY'S FEES, AND COURT COSTS INCURRED IN THE COLLECTION OF SAID ACCOUNT, REGARDLESS OF WHETHER JUDICIAL ACTION IS UNDERTAKEN.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

Name _____ Title _____
(Please type or print)

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Approved by _____
(Date) (Initials)

Customer notified by _____ Date _____ Amount _____