ACCEL COLOR

"Speed, Quality, Economy…"

Credit Application

BILLING INFORMATION

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING INFORMATION

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

GENERAL INFORMATION

COMPANY OWNERSHIP: ___ Proprietorship ___ Partnership ___ Corporation YEAR ESTABLISHED: _____

TYPE OF BUSINESS: _____ ESTIMATED ANNUAL SALES: _____

REQUESTED CREDIT LIMIT: _____ FEDERAL TAX ID #: _____

CONTACTS

PURCHASING: _____ ACCOUNTS PAYABLE: _____

TRADE INFORMATION (Please list three)

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

BANK INFORMATION

NAME OF BANK: _____ NAME OF CONTACT: _____

ADDRESS: _____ ACCOUNT NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

The above information is given for the purpose of obtaining credit and is warranted to be true. We hereby authorize ***Accel*** Color Corporation to investigate the references listed pertaining to our credit/financial responsibilities.

PRINT NAME SIGNATURE TITLE DATE