

PLEASE RETURN TO:

APPLICATION FOR CREDIT



1560 Caton Center Drive ■ Baltimore, Maryland 21227
 (410) 242-8300 TEL (410) 242-8307 FAX
 www.creativeforms.com

SALESMAN _____

DATE ISSUED _____

**CREDIT APPLICATION MUST BE COMPLETED IN FULL. PLEASE PRINT.
 ORIGINAL SIGNATURE MUST BE RETURNED FOR OUR RECORDS.**

Customer	BUSINESS NAME			
	STREET ADDRESS			
	CITY	STATE	ZIP CODE	COUNTY
	PHONE NO.		FAX NO.	
	OWNER OR OFFICERS		SOCIAL SECURITY NO.	
	HOME ADDRESS			
	CITY	STATE	ZIP CODE	COUNTY
	HOME PHONE NO.	ACCOUNTS PAYABLE CONTACT & PHONE NO.		

Business	DATE STARTED/YEARS IN BUSINESS		NO. OF EMPLOYEES	
	SALES TAX NO. (ATTACH CERTIFICATE)		FED. ID NO.	
	NAME OF BANK			
	BANK ADDRESS			
	CHECKING ACCT. NO.		SAVINGS ACCT. NO.	
	BANK PHONE NO.		BANK FAX NO.	

Trade References	1 NAME			
	ADDRESS			
	PHONE NO.		FAX NO.	
	2 NAME			
	ADDRESS			
	PHONE NO.		FAX NO.	
	3 NAME			
	ADDRESS			
	PHONE NO.		FAX NO.	

I accept your terms of net 30 days. Subject to C.O.D. thereafter if not paid. Finance charges of 1.5% per month (annual percentage rate of 18%) on 30 day and older balances. In the event Customer fails to make any payment due, and the Company (Creative Forms & Graphics, Inc.) is caused to refer this matter to its attorneys for collection, Customer hereby agrees that it shall be responsible for attorney's fees of the greater of \$250.00 or one-third (1/3) of the outstanding balance due, plus reasonable fees incurred, including but not limited to court costs and fees for service of court papers. I authorize Creative Print Group, Inc. to access credit information from the bank and trade references listed above.

X _____ TITLE _____ DATE _____
 AUTHORIZED SIGNATURE

PRINTED