



A&A Graphic Dies & Design

CREDIT APPLICATION

Company name:			Phone:		Fax:	
Street address:						
City:		County:		State:		ZIP Code:
Type of Business				Date Established		
Check one: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>						
PRINCIPALS						
NAME			Address			
City:			State:		ZIP Code:	
NAME			Address			
City:			State:		ZIP Code:	
NAME			Address			
CITY			State:		ZIP Code:	
Credit Limit Desired		P.O. Required <input type="checkbox"/> Yes <input type="checkbox"/> No	SalesTax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No		Sales Tax # (Must submit copy of certificate)	
TRADE REFERENCES						
APPLICATIONS WITH INCOMPLETE ADDRESS WILL NOT BE PROCESSED						
Name					Account#	
Address			Phone#		FAX#	
Name					Account#	
Address			Phone#		FAX#	
Name					Account#	
Address			Phone#		Fax#	
Name					Account#	
Address			Phone#		FAX#	
BANKS						
Name					Account#	
Contact			Phone#		FAX#	
Name					Account#	
Contact			PHONE#		FAX#	
CREDIT TERMS						
1. In Business minimum of 1 year			5. No instant credit to anyone			
2. Established credit references			6. Our terms are Net 30 Days			
3. No charges under \$15.00			7. Accounts consistently slow will be placed on C.O.D			
4. No Individual credit accounts			8. Amounts not paid within the terms will be subject to a service charge of 1 1/2% per month (18% A.P.R)			
CONTROLLER				ACCOUNTS PAYABLE		
Last Name First Name MI				Last Name First Name MI		
SIGNATURE				TITLE		DATE
MUST BE SIGNED BY OWNER, PARTNER, OR AUTHORIZED OFFICER OF CORPORATION						
2197 Irvindale Drive – Atlanta GA 30341 Office: (770) 458-7528 Fax:(770) 455-8996						