



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								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. In Business minimum of 1 year 2. Established credit references 3. No charges under \$15.00 4. No Individual credit accounts </td> <td style="width: 50%; vertical-align: top;"> 5. No instant credit to anyone 6. Our terms are Net 30 Days 7. Accounts consistently slow will be placed on C.O.D 8. Amounts not paid within the terms will be subject to a service charge of 1 1/2% per month (18% A.P.R) </td> </tr> </table>							1. In Business minimum of 1 year 2. Established credit references 3. No charges under \$15.00 4. No Individual credit accounts	5. No instant credit to anyone 6. Our terms are Net 30 Days 7. Accounts consistently slow will be placed on C.O.D 8. Amounts not paid within the terms will be subject to a service charge of 1 1/2% per month (18% A.P.R)
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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								