



**INNOVATIVE PRINTER SOLUTIONS, INC.**

## **APPLICATION FOR CREDIT**

**Please Fill Out Completely**

Name of Firm or Individual: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sales Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**The following Information MUST be provided.**

**Please return with a Signed Sales Tax Exemption Certificate, if Applicable.**

### **Ownership Information:**

Corporation  Partnership  Sole Proprietorship

Name of Principal: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### **Bank Information:**

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Acct.: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Trade References:**

Business Name: \_\_\_\_\_ Acct.: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_ Acct.: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_ Acct.: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Nature of Business: \_\_\_\_\_