

CREDIT APPLICATION

BUSINESS INFORMATION			
Business Name Account to be Opened Under:			Main Phone:
Current address:	City:	State:	ZIP Code:
How long at current address? :	Tax Identification Number(TIN/FIN) :		
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other			
Registered Business Name (If different):		Date Business Commenced:	
Address (If different):	City:	State:	ZIP Code:
AP Contact:	E-Mail:	Phone:	
BANKING INFORMATION			
Bank Name:			
Street Address:	City:	State:	Zip Code:
Checking Account # :	Savings Account #:		
Contact Name:	E-Mail:	Phone:	
TRADE REFERENCES			
Company Name:		Type of Account:	
Street Address:	City:	State:	Zip Code:
Contact Name:	E-mail:	Phone:	
Company Name:		Type of Account:	
Street Address:	City:	State:	Zip Code:
Contact Name:	E-mail:	Phone:	
Company Name:		Type of Account:	
Street Address:	City:	State:	Zip Code:
Contact Name:	E-mail:	Phone:	
ADDITIONAL INFORMATION			
Requested Credit Terms/ Limit:		CG Sales Representative:	
Estimated annual spend :\$			
AGREEMENT / CREDIT APPLICATION TERMS			
The information on this application is to be used by Circle Graphics in an effort to establish credit for the business listed above. All information will be kept confidential and used only for this purpose.		Claims arising from billing disputes must be made within seven business days. All invoices must be paid within the terms approved by this inquiry.	
AUTHORIZATION			
The signature below confirms agreement to the terms of this application and authorizes Circle Graphics, Inc. to pull credit reports from credit reporting agencies and to make credit inquiries to all banks and trade references listed on this application.			
X Signature :		X Date:	
Print Name:		Title:	

*Please email completed application and any sales tax exemption certificates to: ar@circlegraphicsonline.com