



www.chroma-graphics.com

Please fax to: (865) 970-2908

APPLICATION FOR CREDIT

All information must be complete!

Please allow 10 - 14 days for processing.

Company Name: _____ Telephone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Our company is a : _____ Corporation _____ Partnership _____ Co-partnership _____ Proprietorshi

If a division of subsidiary, name of parent company: _____

PRINCIPAL OWNERS OR OFFICERS:

1. _____
Name and Title Address and Telephone

2. _____
Name and Title Address and Telephone

PERSON IN CHARGE OF ACCOUNTS PAYABLE: _____ Phone: _____

Email: _____

BUYER'S NAME: _____ Phone: _____

Email: _____

TRADE INFORMATION: All information must be complete!

(Please do not list C.O.D.'s, bank loans, finance companies, credit cards, utilities, or publications. We accept only trade references.)

1. Name: _____ Phone: _____ Fax: _____

Address: _____ Acct. #: _____

2. Name: _____ Phone: _____ Fax: _____

Address: _____ Acct. #: _____

3. Name: _____ Phone: _____ Fax: _____

Address: _____ Acct. #: _____

4. Name: _____ Phone: _____ Fax: _____

Address: _____ Acct. #: _____

We bank at: _____

Address: _____ Contact: _____ Phone: _____

This applicant agrees that should this account be placed with a third party collector, the applicant will pay all collection fees. If placed in the hands of an attorney for collection, the applicant will pay a reasonable attorney's fee in addition to the principal and interest which shall be added to and become part of the judgement. Interest will be applied at the rate of 1 1/2% per month on amounts more than 30 days old. All orders are subject to credit approval and acceptance by Chroma Graphics.

Signature: _____ Title: _____ Date: _____

Customer