

Color Express® Credit Application

Business Name _____
D/B/A _____
Federal ID# _____ or SS# _____
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ Fax (_____) _____
Mailing Address _____
Type of Ownership: Corporation _____ Partnership _____ Proprietorship _____ Other (specify) _____
Year Established _____ *If Proprietorship, must have social security number*
Nature of Business _____
Are you sales tax exempt? Yes _____ No _____ If yes, send a signed exemption certificate

Owners and/or Officers: (Include name and title)

Print Name _____ Title _____
Print Name _____ Title _____

Bank Reference

Name of Bank _____
Address _____
Telephone (_____) _____ Account Number _____
Contact _____ Title _____

Trade References

Name _____
Address _____
Telephone (_____) _____ Contact _____
Name _____
Address _____
Telephone (_____) _____ Contact _____
Name _____
Address _____
Telephone (_____) _____ Contact _____

All first time orders are sold at 50% down, balance at C.O.D.. After credit is approved, customers will be sold with our terms of Net 30 days from the date of the invoice. A credit check requires 7-10 days.

I understand that the information furnished you on this page is for the purpose of obtaining business credit from your firm. To establish credit, I am authorizing the above references to furnish the appropriate information to Color Express.

This application for credit is true and correct and constitutes an agreement by applicant to pay for all merchandise received, within terms granted; to pay a service charge of 1 1/2% per month on all delinquent account balances and to pay all costs of collecting delinquent account balances including collection agency and attorney fees.

For and in consideration of granting an open account, the receipt of which is hereby acknowledged, I guarantee unconditionally, at all times, unto you, the payment of any indebtedness or balance of indebtedness, whether such indebtedness now exists, or is incurred hereafter, and in whatever form it may be evidenced.

Print Name _____ Signature _____ Title _____ Date _____

F A X
N U M B E R S

Minneapolis, MN
(612)333-3432

Irvine, CA
(949)727-3499

Chicago, IL
(312)222-0824

Dallas, TX
(214)630-5592

Woburn, MA
(781)938-3848