Printex PRESS
(425) 455-3055
FAX (425) 455-2625
1600 - 124TH AVE. N.E., SUITE E • BELLEVUE, WA 98005

CREDIT APPLICATION/ COMMERCIAL

DATE _____

(please print clearly)

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____

FORM OF ORGANIZATION: ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL

HOW LONG IN BUSINESS _____ HOW LONG AT PRESENT ADDRESS _____

PREVIOUS ADDRESS (IF ABOVE IS LESS THAN 3 YEARS) _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____

CREDIT REFERENCES *(please fill in completely)*:

Co. Name	Co. Name	Co. Name
Representative	Representative	Representative
Street Address	Street Address	Street Address
City State Zip	City State Zip	City State Zip
PHONE	**PHONE**	**PHONE**
FAX	**FAX**	**FAX**

BANK REFERENCES:

	NAME	BRANCH	PERSON WHOM YOU DO BUSINESS WITH
1.			
2.			

PRINCIPALS OF FIRMS:

	NAME	ADDRESS	POSITION	PHONE
1.				
2.				

NOTICE: *The following is provided for your information. Please read the credit plan and do not sign this agreement before you do.*

If this THIRTY DAY account is opened I agree:

1. **To pay each invoice within thirty (30) days.**
2. **To pay a 1.5% service charge on any invoices thirty-one days and older.**
3. To pay attorney's fees in the event that collection efforts become necessary.

APPROVED _____

DATE _____

_____
SIGNATURE