

LITHOGRAPHICS, INC.

1835 AIRLANE DRIVE NASHVILLE, TN 37217

PHONE: 615-889-1200 **FAX:** 615-883-1385 **TOLL FREE:** 800-222-0132

Credit Application

This is a credit application for Lithographics, Inc. All credit applications are handled by Lithographics Credit Department. While completing this application, please remember the more information you provide, the faster your request will be processed. All phone and fax numbers should be in the XXX-XXX-XXXX format.

**PLEASE PROVIDE ALL INFORMATION REQUESTED.
INFORMATION WILL BE USED FOR CREDIT PURPOSES ONLY.**

BUSINESS CONTACT INFORMATION

Company name:

Your Name and Title:

Full Corporate Name:

D/B/A or Trade Name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Years Established:

Number of Employees:

BUSINESS STRUCTURE

Sole proprietorship:

Partnership:

Corporation:

Other:

CEO:

CFO:

VP:

Chairman:

SIC Code:

Tax Status: (Yes/No) Taxable?

Exempt?

Federal Tax ID Number:

Sales Tax Exemption Number:

If needed to approve credit, will your company provide financial statements?

Dunn & Bradstreet Number:

Is a Purchase Order Required?

BUSINESS AND CREDIT INFORMATION

Primary Business Address Applying for Credit:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank Name:

Bank Contact:

Bank Address:

Phone:

City:

State:

ZIP Code:

Type of account (yes/no)

Account number:

Savings?

Checking?

Other?

PERSON TO CONTACT REGARDING PAYMENT

Contact Name:

Phone Number:

FAX Number:

EMAIL:

BUSINESS/TRADE REFERENCES		
TRADE REFERENCE 1		
Company Name:		
Contact Person:		
Address:		
City:	State:	ZIP Code:
Contact Phone:	Contact Fax:	Contact E-mail:
Type of account:	Highest Recent Credit:	
TRADE REFERENCE 2		
Company Name:		
Contact Person:		
Address:		
City:	State:	ZIP Code:
Contact Phone:	Contact Fax:	Contact E-mail:
Type of account:	Highest Recent Credit:	
TRADE REFERENCE 3		
Company Name:		
Contact Person:		
Address:		
City:	State:	ZIP Code:
Contact Phone:	Contact Fax:	Contact E-mail:
Type of account:	Highest Recent Credit:	
TRADE REFERENCE 4		
Company Name:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Contact Phone:	Contact Fax:	Contact Email:
Type of account:	Highest Recent Credit:	
TRADE REFERENCE 5		
Company Name:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Contact Phone:	Contact Fax:	Contact Email:
Type of account:	Highest Recent Credit:	
AGREEMENT		
<ol style="list-style-type: none"> 1. Terms of invoice payment will be net 30 days from date of invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Lithographics, Inc. to make inquiries into the banking and business/trade references that you have supplied. 		
SIGNATURES		
Name:	Name:	
Title:	Title:	
Date:	Date:	
<p>By typing or signing my name above, I am agreeing that the above information has been provided for the purpose of obtaining credit, and I authorize Lithographics, Inc. to verify all of the information provided. I understand the credit terms (unless otherwise specified in a signed quotation) are net 30 days from the invoice date and agree to remit payment for credit extended accordingly. In the event the account is not paid according to terms, and collection by an attorney or collection agency becomes necessary, we agree to remit, along with the balance due, all collection fees.</p>		