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Bindery.Express

CREDIT APPLICATION

Fax completed form to 503-257-3220 or email to jon@copyexpresspdx.com

Legal Business Name	Trade Name-DBA	Phone # _____ Fax #
Billing Address	City	State Zip Code
Shipping Address	City	State Zip Code

Business Is a: ☐Corporation ☐LLC ☐Partnership ☐Proprietorship

Year Started_____ State of Inc. _____Federal I.D.#:_____

Web Site Address:_____ Dun & Bradstreet #_____

Are You a: ☐Subsidiary ☐ Division (if yes, check which)

Parent Company Name:_____ Address _____

City:_____ State:_____ Zip:_____

Do you require a purchase order# before we accept an order? ☐Yes ☐No

A/P Contact _____A/P Email_____

A/P Phone_____ ☐ _____ Estimated Monthly Purchases. $ _____

Terms Requested: ☐COD ☐ Credit Card ☐Net terms – Credit Limit Requested $_____

Check one: ☐Principal ☐Partner ☐Proprietor

Name:_____ Social Security#_____

Home Address:_____ City:_____ State: ___ Zip:_____

Home Phone:_____ Mobile #_____Email_____

Bank References

Name	Contact Name	Phone No
Street Address	City, State, zip Code	Date Opened

Type of Account Checking No_____ Saving No_____ Loan No_____

Trade References (Major Supplies)

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor's invoices and posted on Vendor's website.

_____ _____ _____

Signature Date Title