PRINTERM DATASCRIBE, INC.

Credit Application

BUSINESS INFORMATION:

Company Name			Date
Address		A/P Contact	
City		State	Zip Code
Phone #	Fax #	Credit Requested $	
Sales Tax ID # (Attach Copy)			
Business Structure:	☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Subsidiary		

COMPANY PRINCIPALS:

Name	Title	Name	Title
Name	Title	Name	Title

BANK REFERENCES:

Bank		Contact Name	Phone #:
Address	City	State	Zip Code
Checking Account #		Fax#	

TRADE REFERENCES:

Firm Name	Contact Name	Phone #	Fax #
Firm Name	Contact Name	Phone #	Fax #
Firm Name	Contact Name	Phone #	Fax #
Firm Name	Contact Name	Phone #	Fax #

INFORMATION GIVEN IS PRIVATE AND CONFIDENTIAL
PLEASE INCLUDE FINANCIAL STATEMENTS
ALL INFORMATION IS REQUIRED BEFORE CREDIT WILL BE GRANTED

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Printerm Datascribe, Inc. in determining the amount and conditions of credit to be extended. I understand that Printerm Datascribe, Inc. may use credit reporting agencies which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Printerm Datascribe, Inc. in establishing a line of credit.

_____ _____ _____

Signature *TITLE* *DATE*

Please E-Mail or Fax completed application to:

sales@printerm.com **FAX 866-660-3453** **800-267-8925**