

CREDIT APPLICATION

If you wish to set up an open account with our company, we ask that you please complete the following information.

Company _____

Address _____

City/State/Zip _____

Send Invoices to _____

Phone () _____ Fax () _____ Years in Business _____ No. of Employees _____

Type of Business _____

Type of Organization: Corporation Partnership Sole Proprietor

TRADE REFERENCES

	For Internal Use Only
Name _____	No. of Years _____ Terms _____
Address _____	High Credit _____
Account # _____ Phone: () _____	Current Amt. Outstanding _____
Fax: () _____	Payment Days _____
Name _____	No. of Years _____ Terms _____
Address _____	High Credit _____
Account # _____ Phone: () _____	Current Amt. Outstanding _____
Fax: () _____	Payments Days _____
Name _____	No. of Years _____ Terms _____
Address _____	High Credit _____
Account # _____ Phone: () _____	Current Amt. Outstanding _____
Fax: () _____	Payments Days _____

BANK REFERENCE

Name _____ Phone () _____ Fax () _____

Address _____ Bank Contact _____

City/State/Zip _____

Type of Account & Account Numbers

1. _____

2. _____

NOTE: We may require a Financial Statement or a personal guarantee if the above information is insufficient or incomplete, or if your business is less than two years old.

The above information is submitted by the undersigned for the purpose of obtaining credit. **THE UNDERSIGNED AGREES TO PAY ALL INVOICES WITHIN THE TERMS OF SALE. ACCOUNTS OVER 30 DAYS ARE SUBJECT TO A LATE PAYMENT CHARGE OF 1-1/2% PER MONTH.** Purchaser agrees to pay in accord with the foregoing terms of sale and further agrees to pay all collection costs and attorney's fees necessary to collect past due amounts, as permitted by law.

This application does not constitute the granting of credit. Dependent upon response time of your credit references as well as availability of information, you will be notified as soon as possible, the terms of sale we are extending.

The undersigned does hereby apply for credit with Riverside Graphics Corp. and gives them permission to contact any and all references for the purpose of establishing a credit profile.

Authorized Signature _____ Print Name _____

Title _____ Date _____

