

KREIDER.

P R I N T I N G

COMMERCIAL • DIGITAL • WIDE FORMAT

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APPLICATION FOR 30 DAY COURTESY ACCOUNT

DATE _____

**NOTE: ALL QUESTIONS MUST
BE ANSWERED IF APPLICABLE
TO APPROVE CREDIT (PLEASE PRINT)**

COMPANY NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FAX NUMBER _____ EMAIL _____

TYPE OF BUSINESS _____ CORPORATION IF A BRANCH OFFICE OR A DIVISION, GIVE NAME OF PARENT COMPANY AND HOME OFFICE _____

NO. OF YEARS ESTABLISHED _____ CO-PARTNERSHIP _____

PERSON IN CHARGE OF ACCOUNTS PAYABLE _____ PHONE _____

OWNER OR PRESIDENT NAME _____ RESIDENCE _____
TITLE _____ ADDRESS _____

HOME PHONE _____

CO-PARTNERSHIP NAME _____ RESIDENCE _____
TITLE _____ ADDRESS _____

HOME PHONE _____

P.O.
REQUIRED
YES
NO

LIST PERSON(S) AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

BANK:

NAME _____ CONTACT PARTY _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE CREDIT REFERENCES:

SHOWING TWO OR MORE YEARS EXPERIENCE. NAME _____ NAME _____
ADDRESS _____ ADDRESS _____

NOT CREDIT CARDS, UTILITIES, PERSONAL ACCOUNTS OR LANDLORDS. CITY-STATE _____ CITY-STATE _____
PHONE NO. _____ PHONE NO. _____

FAX NO. _____ FAX NO. _____

We call it a "Courtesy Account", not charge account, because we are not attempting to establish an elaborate credit system, but are performing a necessary courtesy to our customers. WE DO INVOICE YOUR ACCOUNT, BUT DO NOT SEND STATEMENTS. OUR TERMS ARE STRICTLY NET! If payment for printed materials is not received within 60 days, future purchases on credit will be disallowed.

Should KREIDER PRINTING not receive payment within 30 days, in addition a late charge in the amount of 1½% per month will be added. After 60 days, the purchaser agrees to pay any legal action or collection agency fees in any amount due.

Failure to complete all items, particularly full names and addresses, may result in a delay and inconvenience to you. Please be assured that all information will be held in the strictest of confidence. If you have any questions about paying or rearranging payments, please do not hesitate to call. Thank you.

BY _____ TITLE _____

DATE _____ X _____ SIGNATURE OF OWNER OR RESPONSIBLE AGENT

FOR CREDIT DEPARTMENT USE ONLY

APPROVED REJECTED _____ SIGNATURE

REMARKS _____

SALES REP. _____