



TRAVER | GRAPHICS SM

### APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (If different from above):

Street Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company is a: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship

Taxable \_\_\_\_\_ Non – Taxable \_\_\_\_\_ If non-taxable please attach exemption form

Trade References:

Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT FINANCIAL RESPONSIBILITY.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

Please fax back to 226-4001, if you have any question please contact Lisa in Accounting.