

PREFERRED CUSTOMER CREDIT APPLICATION



Please complete and fax or mail to
One Source Printing - 713-686-8188 fax • 5810 Dierker Drive, Houston, TX 77041

Business Name _____
 Street Address _____
 City _____ State _____ Zip _____ Telephone _____
 Billing Address _____
 City _____ State _____ Zip _____ Telephone _____
 Name and Title of Proprietor, Partner or Officer _____
 Social Security Number _____
 Current Home Address _____
 City _____ State _____ Zip _____ Telephone _____

BANK REFERENCE

Bank Name _____ Branch _____
 Street Address _____ Telephone _____
 City _____ State _____ Zip _____ Telephone _____
 Account Number _____ Type of Account _____

TRADE REFERENCES

Company Name _____ Telephone _____
 Street Address _____ Contact _____
 City _____ State _____ Zip _____
 2nd Company Name _____ Telephone _____
 Street Address _____ Contact _____
 City _____ State _____ Zip _____
 3rd Company Name _____ Telephone _____
 Street Address _____ Contact _____
 City _____ State _____ Zip _____

BUSINESS TYPE

Sole Proprietorship Partnership Association Corporation

Primary Product Activity _____
 Incorporated Under State Laws Of _____
 Year Established _____ Parent Co. _____
 Time At Present Location _____
 Ever Filed Bankruptcy No Yes When _____
 Amount of Credit Desired \$ _____

I acknowledge and agree that interest at the rate of 1 1/2 percent per month can be charged on all balances remaining unpaid after 30 days from the date of invoice. In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorneys fees. I understand that the above information is given for the purpose of obtaining credit and I certify that to the best of my knowledge the above information is complete and accurate as of the date of this application.

SIGNATURE _____ TITLE _____ DATE _____

OFFICE USE ONLY

CREDIT APPROVED _____ CREDIT LIMIT _____
 CREDIT REFUSED _____ REASON _____