

Ink Direct Corporation

17572 Griffin Lane
Huntington Beach, CA 92647
Tel: (714)775-8255 Fax: : (866) 664-3591
www.inkdirects.com
accounting@inkdirects.com

Customer Credit Application

Name _____, _____ Telephone / Fax #: () - / () -
(Last) (First)

Address: _____
Street City State Zip

Request:

Amount of credit requested: _____ Payment personally guaranteed?

YES NO If yes, By: _____ Position in the Company: _____

Type of Entity

- Corporation (if you are using a fictitious business name, please include the fictitious business name.)
- Partnership
- Limited Liability Company
- Sole Proprietorship

Resale#: _____
Federal Tax I.D.#: _____
Duns #: _____
Business Start Date: _____
CA Tax Exemption #: _____

Ownership

Name of Owner: _____ Telephone #: () -

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Owner: _____ Telephone #: () -

Address: _____ City: _____ State: _____ Zip Code: _____

Bank References (Please list all and any other banks your company uses for business)

Name	Account #	Name	Account #
_____	_____	_____	_____
Telephone # / Contract Person	_____	Telephone # / Contract Person	_____
Address	_____	Address	_____
(City) (State) (Zip)	_____	(City) (State) (Zip)	_____

Trade References: (Please list 3 minimum)

<hr/> Name	<hr/> Name	<hr/> Name
<hr/> Contact Person / Tel #	<hr/> Contact Person / Tel #	<hr/> Contact Person / Tel #
<hr/> Address	<hr/> Address	<hr/> Address
<hr/> (City) (State) (Zip)	<hr/> (City) (State) (Zip)	<hr/> (City) (State) (Zip)

Landord:

Name: _____ Contact Person: _____ Telephone #: () -

Address _____ City: _____ State: _____ Zip Code: _____

Lease or Rent Amount per month : _____

I authorize the release of the above information to Ink Direct Corporation for credit purposes only. In order for Ink Direct Corporation to grant me credit, I give permission for my credit to be checked as required for that purpose. Credit terms are net thirty (30) day from the date of invoice. Interest will be charged at 1.5% per month on terms over thirty (30) days. If my account is referred for collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. All above is true and terms are accepted.

Print Office's Name: _____

Office's Signature: _____

Office's Title: _____

Date: _____