



Credit Application

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL • ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

Company Legal Name _____ Email _____
 Address _____ Dun & Bradstreet # _____
 City, State, Zip _____ Federal ID # _____
 Company Type Corporation Sole Proprietorship Partnership Nature of Business _____
 Contact Person _____ Years in Business _____
 Phone, Fax _____ Credit Amt. Requested _____

A/P CONTACT PERSON

 Name _____ Email _____ Phone _____

OWNERSHIP

 Name (president) _____ Email _____ Phone _____

FINANCES

 Bank Name _____ Contact Person _____

 Bank Address _____ City _____ State _____ Zip _____

 Account Numbers _____ Bank Contact Email _____ Fax _____

REFERENCES

| | | | |
|------------------|-------------------------|----------------|--------------|
| _____ Company | _____ Contact Person | _____ Email | _____ Fax |
| _____ Company | _____ Contact Person | _____ Email | _____ Fax |
| _____ Company | _____ Contact Person | _____ Email | _____ Fax |

I hereby authorize Digital Printing Solutions LLC (DPS), to verify any credit information provided by this source document. I further authorize our banks, trade references and financial institutions the right to release by telephone or fax all credit information requested by DPS. We understand that ANY information obtained by DPS will be held in confidence. The requested information will be used solely in assisting and securing credit terms for the applicant.

Credit privileges are hereby requested and it is understood and agreed that upon approval, the terms of payment are net within 30 days from the date of shipment. Delinquent accounts are subject to a finance fee of 5% late charge until order is paid in full.

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH WWG'S TERMS.

 Name _____ Title _____ Date _____

X _____
 Authorized Signature