****555 N Commons Drive Aurora IL 60504

**Please Complete form, save and email to** [**mvalenzuela@imprint-e.com**](mailto:mvalenzuela@imprint-e.com)

(p) 800-433-4512 (f) 630-505-1511

[www.imprint-e.com](http://www.imprint-e.com)

**CUSTOMER APPLICATION FOR CREDIT**

For the purpose of obtaining merchandise on credit, the following written statement is made, understanding that it will be relied on as true and correct. **AUTHORIZED SIGNATURES REQUIRED. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**Items marked with an asterisk (\*) are required.**

Credit Requested\*: $      Average Monthly Purchases\*: $

Company Name\*:

Street Address\*:

City\*:       State\*:       Country\*:       Postal/zip Code\*:

Phone\*: (   )       Fax\*: (   )       Country Code:

Tax ID #: DUNS #: Website:

At present location since\*:      Year established\*:      Type of business\*:

Name of Parent Company,

if subsidiary:

Street Address:

City:       State:       Country:       Postal/zip Code:

Phone: (   )       Fax: (   )       Country Code:

Will Parent Company guarantee payment of bills?

Is business incorporated? \*       If yes, under laws of what state?

Please list all Proprietors, Partners or Officers (if incorporated) \*:

Name:       Title:

Name:       Title:

Name:       Title:

**BILLING ADDRESS** (if different from above)

Company Name\*:

Street Address\*:

City\*:       State\*:       Country\*:       Postal/zip Code\*:

Phone\*: (   )       Fax\*: (   )       Country Code:

**SALES TAX INFORMATION**

Tax Exempt\*:  Yes  No *(If exempt, attach a copy tax exemption certificate for all states you are exempt- including multijurisdictional form if applicable)*

**CONTACT INFORMATION**

Controller:       Phone:

Fax:       Email:

AP Contact:       Phone:

Fax:       Email:

Authorized Buyer:       Phone:

Fax:       Email:

**BANK REFERENCE** (Bank on which checks used for payment are drawn.)

Name\*:       Account #\*:

Branch City\*:       State:       Postal/ZIP Code:

Phone\*: (   )       Fax\*: (   )

**TRADE REFERENCES\* All spaces must be completed for each reference listed (Minimum of 3). List only names of those you buy from on an OPEN ACCOUNT.**

1. Company Name:       Account #:

Street Address:       Type of business:

City:       State:       Postal ZIP Code:

Phone: (   )       Fax: (   )

2. Company Name:       Account #:

Street Address:       Type of business:

City:       State:       Postal ZIP Code:

Phone: (   )       Fax: (   )

3. Company Name:       Account #:

Street Address:       Type of business:

City:       State:       Postal ZIP Code:

Phone: (   )       Fax: (   )

We hereby authorize Imprint Enterprises, Inc. to contact the trade references provided to determine our credit worthiness. We further authorize the references listed to disclose to Imprint Enterprises, Inc. any and all information related to our credit worthiness without giving us prior notice of such disclosure. In addition, we hereby release Imprint Enterprises, Inc., our references and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. (\_\_     ) Initial

**Items marked with an asterisk (\*) are required.**

IMPORTANT NOTICE: Imprint Enterprises, Inc. only faxes or e-mails all Sales Order confirmations,

Invoices and Monthly Statements. If different individuals receive these items at different fax numbers

or e-mail address, please list separately. Please print clearly to avoid errors.

We wish to have our Sales Order Confirmations sent by  Fax  E-mail (please check one box and provide information below).

Individual to receive Sales Order Confirmations **(if multiple branches please provide the following for each branch location and include Branch Name):**

Name\*:       Fax\*: (   )

\*E-mail address:

We wish to have our Invoices and Monthly Statements sent by  Fax  E-mail (please check one box and provide information below).

Individual to receive both Invoices and Monthly Statements:

Name\*:       Fax\*: (   )

\*E-mail address:

UPON APPROVAL OF CREDIT, YOUR SIGNATURE BELOW INDICATES ACCEPTANCE OF THE FOLLOWING TERMS:

1. NET CASH 30 DAYS IN U.S. DOLLARS.
2. INVOICES NOT PAID WITHIN 30 DAYS ARE SUBJECT TO A LATE CHARGE OF 1.5% PER MONTH, OR LESSER AMOUNT IF REQUIRED BY LAW, ON BALANCES PAST DUE.
3. A FEE OF $25 WILL BE CHARGED ON ANY CHECK RETURNED UNPAID AND, AT THE DISCRETION OF IMPRINT ENTERPRISES, INC., THE ACCOUNT TERMS MAY BE CHANGED TO REQUIRE PREPAYMENT ON FUTURE ORDERS.

Company Name\*:

By (Authorized signature) \*:

Name (Typed or printed) \*:

Title\*:       Date \*M/D/YYYY) \*:

E-mail address: