

THE OLD TRAIL PRINTING COMPANY

CREDIT APPLICATION

100 Fornoff Rd., Columbus, Ohio 43207 / Office 614-443-4852 / Fax 614-443-7742
Tammy Snider, Accounts Receivable accounts.receivable@oldtrailprinting.com

Sales Rep _____ Tax Exempt ___ (attach certificate)

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

TYPE OF BUSINESS (PLEASE CHECK ONE AND PROVIDE COMPLETE INFORMATION)

SOLE PROPRIETORSHIP

CORPORATION

PARTNERSHIP

PROPRIETOR/OFFICER/PARTNER

HOME ADDRESS

CITY/STATE/ZIP

HOME PHONE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCES

NAME

ACCOUNT #

ADDRESS

CONTACT

PHONE

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUPPLIER REFERENCES

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been rejected for credit from creditors? _____

FIRST ORDER REQUIREMENTS: 50% IN ADVANCE, BALANCE C.O.D.

Future projects will be net 30 days, 1 ½% service charge per month based upon **credit approval**. I authorize the above company to check with the references given to acquire information for a credit approval and when necessary to update their credit files. I certify that the information given above is true and accurate to the best of my knowledge and I agree to the terms set forth in this application.

SIGNATURE _____ TITLE _____ DATE _____