

687 North Dean Road
Auburn, Alabama 36830
(334) 502-3456 Telephone
(800) 239-3293 Nationwide
(334) 502-3462 Facsimile



CRAFTMASTER
PRINTERS, INC.

ACCOUNT NO. _____

CREDIT APPLICATION

Business Name: _____ Business Established: _____ Month _____ Year

Other Business Name(s) or dba: _____ Federal Tax ID #: _____

Physical Address (No PO Box Numbers): _____ D-U-N-S Number: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

Does Your Business Operate from a Residence? Yes No Stock Symbol: _____

Billing Address (If Different from Physical Address): _____

City: _____ State: _____ Zip: _____ How Long? _____ Years _____ Months

Website Address: _____ Email Address: _____

Billing Contact – Name (“Attention To:” on Craftmaster Invoice): _____ Contact Title: _____

Billing Contact – Telephone Number: _____ Billing Contact – Fax: _____ Number of Employees: _____

Do you own or lease the building/office space? (Please check one): Own Lease Is this an Executive Suite? Yes No

If lease? Landlord/Leasing Company: _____ Lease Date: _____ Term: _____

GENERAL BUSINESS INFORMATION

Type of Business _____ Years in Business _____

Accounts Payable Contact _____ Is a Purchase Order Required? _____

Estimate of Monthly Purchases _____

Resaleable items Yes No Resale Tax Number* _____

Tax Exempt Yes No Certificate Number* _____

*Copy must be furnished for our files.

BANK REFERENCE _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Bank Account Number _____

I hereby give Craftmaster Printers, Inc. permission to obtain the above banking information. _____

Signature of Authorized Agent

BUSINESS REFERENCES

Business Reference Name: _____ Phone: _____

Business Reference Address: _____

City: _____ State: _____ Zip: _____

Business Reference Name: _____ Phone: _____

Business Reference Address: _____

City: _____ State: _____ Zip: _____

Business Reference Name: _____ Phone: _____

Business Reference Address: _____

City: _____ State: _____ Zip: _____

Business Reference Name: _____ Phone: _____

Business Reference Address: _____

City: _____ State: _____ Zip: _____

To expediate processing please fill out form completely. Please allow seven (7) days for our response.

Buyer recognizes seller's terms as NET twenty (20) days and acknowledges and authorizes a service charge of 1 1/2% (18% per annum) on any unpaid account after thirty (30) days. **In the event this account goes to collections, customer guarantees that customer will pay this account in full plus any cost of collections.**

Signature

Title

Date