



Annapolis Copy & Print
45 Old Solomons Island Road
Annapolis, Maryland 21401
410-224-4100

Fax (410) 224-1433

Annapolis.Copy@Verizon.net • www.AnnapolisCopy.com

APPLICATION FOR CREDIT

Date _____

Company Name _____

Type of Business _____ Corporation Partnership Sole Proprietorship # of Years in Business _____

Taxable TE Resale Exempt (attach copy of card) Exempt # _____

Phone _____ Fax _____

Street Address _____

City/State/Zip _____

Contact _____

Accounting Contact _____ Accounting Phone _____

Principal Members of Firm (Name, Title, Phone):

Bank Name and Branch _____

Account Number _____

Street Address _____

City/State/Zip _____

Contact _____ Phone _____

Trade References (Name, Address, Phone):

1 _____

2 _____

3 _____

Persons Authorized to Order: (Note: Please keep us apprised of additions or deletions)

How Did You Hear About Us: Word of Mouth Advertisement Yellow Pages Other

Is Purchase Order Required for Services? Yes No

We hereby apply for credit and certify that the above information is correct. Our understanding is that this information is for the use of your Credit Department only and will be held in the strictest confidence. We understand that credit is extended to the 20th of each month. Invoices are payable upon receipt. Delinquent accounts are charged 24% per annum. I am personally responsible for any authorized charges made on this account.

Signed (Name, Title, Date):
