

## **BUSINESS ACCOUNT APPLICATION**

Tel: 972-231-7227

## **Business Information**

Type of business:   Company Corporation Partnership							Industry:			
Business name:										
Billing address:			City:			State:		Zip:		
Delivery address:			City:			State:		Zip:		
Phone:	Fax:	Fax: Contact name:								
How long have you been at this address?				Date business opened:			d:			
Full name of owner/president:				Dun & Bradstreet rating:						
Are purchase orders required?	hase orders required?									
Statements should be:										
Bank Reference										
Bank name: Contact:										
Address:								Suite:		
City:						State:		Zip:		
Phone: Account #										
Credit Trade References (Three Required)										
NAME	EMAIL ADD		DDRESS	DDRESS PHO		ONE A		ACCOUNT #		
Amount Requested										
Amount of credit requested:	\$									

Has the entity applying for credit filed for bar If yes, please complete the section below.	nkruptcy of a	any kind during the last five years?   Yes	□ No				
Date of the initial filing:	of the initial filing:  Type of bankruptcy filing:						
Current status or final outcome of the filing:							
<b>TERMS:</b> Net 30 interest charged at 1.5% Remit payments to PO Box 830768, Richa		h (18% per annum) will be added to accou 75083-0768.	unts over 3	30 days past due.			
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Signature of person making application:		Title:		Date:			
INDIVIDUAL GUARANTEE: An indivi	dual guara	I less than one year, please contents in the second	prporations	s or for businesses/			
n consideration of the credit extended and to be extended to, a corporation of the credit extended and to be extended to, a corporation or business, by Thomas Printworks, the undersigned do, individually on behalf of ourselves, our heirs and executors, here guarantee the payment of any amount owed by said business/corporation to Thomas Printworks.							
-	_	antee of the payment for all purchases ma ed mail and addressed to Thomas Printwo					
-	a reasona	works to bring suit to collect any amount r ble amount, in addition to any amount whi he collection of any such indebtedness.	-	•			
Witness my hand on this d	ay of	, 20					
Guarantor's printed name:	Title:		SSN:				
Guarantor's signature:			Date:				
Witness' signature:	Date:						