



22-19 41st AVENUE  
 LONG ISLAND CITY, NY 11101  
 TEL 212 645 6000  
 FAX 212 645 6009

*karr graphics*

# CREDIT APPLICATION

Please complete the following information and fax it back to us soon as possible so we can begin processing your order.

**Your Information:**

Company \_\_\_\_\_ Todays Date \_\_\_\_\_  
 Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 2nd Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Re-sale/Tax Exempt# (if applicable, attach a copy of your re-sale or non profit certificate.) \_\_\_\_\_

**Billing information:**  Please check if billing information is same as above.

Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_

**Business References:**

**1.** Company \_\_\_\_\_ Number of Years doing Business with \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Contact \_\_\_\_\_ Account # \_\_\_\_\_

**2.** Company \_\_\_\_\_ Number of Years doing Business with \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Contact \_\_\_\_\_ Account # \_\_\_\_\_

**3.** Company \_\_\_\_\_ Number of Years doing Business with \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Contact \_\_\_\_\_ Account # \_\_\_\_\_

**Bank Information:**

Bank Name \_\_\_\_\_  
 Branch Location \_\_\_\_\_  
 Contact \_\_\_\_\_ Account # \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*(Please leave blank for office use only)*

Customer#      New Client  Update Client

Status:  Active  Inactive  Credit Limit \$ \_\_\_\_\_  Industry \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Salesperson # \_\_\_\_\_ A/E \_\_\_\_\_