



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:

Owner and/or President name:

Phone:	Fax:	E-mail:
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Street address:

City:	State:	ZIP Code:
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Company Financial Contact:

Email:	Phone:	
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BUSINESS AND CREDIT INFORMATION

Estimating Manager:

Email:	Phone:	Fax:
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Company Data

Fed ID:	Sales:	Credit line requested:
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Bank name:

Bank address:	Phone:
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City:	State:	ZIP Code:
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Type of account	Account number
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Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Creative Laminating, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: