



CREDIT APPLICATION

BUSINESS INFORMATION			
Company name:		Ideal Printers Contact:	
Phone:	Fax:	Website:	
Company address:		Years at this location:	
City:	State:	ZIP Code:	
Date business commenced:		Years under present ownership:	
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
<input type="checkbox"/> Exempt Organization Tax Exemption #		Attach Certificate	
Annual Sales: <input type="checkbox"/> Under \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input type="checkbox"/> \$500,000 to \$1,000,000 <input type="checkbox"/> over \$1,000,000			
BUSINESS CONTACTS			
President/CEO:		Phone:	
Controller/CFO:		Phone:	
Accounts Payable Contact:		Phone:	
Billing address:	Email:	Fax:	
City:	State:	ZIP Code:	
BANK INFORMATION			
Bank name:		Bank Contact:	
Bank address:		Phone:	Fax:
City:	State:	ZIP Code:	Account #:
BUSINESS/TRADE REFERENCES			
Company name:		Items Purchased:	
Address:		Annual Purchases: \$	
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:		Items Purchased:	
Address:		Annual Purchases: \$	
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:		Items Purchased:	
Address:		Annual Purchases: \$	
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
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 ten working days. 3. By signing this application, you authorize Ideal Printers Inc. to make inquiries into the banking and business/trade references that you have supplied.			
AUTHORIZED SIGNATURE			
NAME:	SIGNATURE:	TITLE:	DATE:
UNTIL CREDIT HAS BEEN APPROVED, IDEAL PRINTERS INC. RESERVES THE RIGHT TO SHIP ORDERS C.O.D			

FAX, MAIL OR E-MAIL SIGNED APPLICATION TO:
 Ideal Printers Inc.,
 Attn: Accounting Department
 645 Olive Street, St Paul, Minnesota 55130
 Phone (651) 855-1100 • Fax 651-855-1055 • email:debras@idealprint.com