



COMMERCIAL CREDIT APPLICATION



Business and Credit Information

Company Name		Company Phone ()	
Company Address		Company Fax ()	
City, State, Zip		Website	
# Years in Business	# Years at present address	# of Employees	Credit Amount Requested \$
Company Structure: (check a box) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC <input type="checkbox"/> PLLC			
Federal ID#		Dunn & Bradstreet #	
Please provide W9 via email – accts@abracadabraprinting.com or Fax to (206) 343-7489			
Should we charge you sales tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide resale #	Expiration
Please provide Resale Certificate via email – accts@abracadabraprinting.com or Fax to (206) 343-7489			

Business Contact Information

Accounts Payable Contact Name	Direct # ()
Accounts Payable Email	
Can we email your invoices and statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Purchaser - Contact Name	Direct # ()
Purchaser - Email Address	
Authorized Purchaser - Contact Name	Direct # ()
Purchaser - Email Address	
Authorized Purchaser - Contact Name	Direct # ()
Purchaser - Email Address	

Proprietors/Owners/Officers

Contact Name	D.O.B.	Direct# ()
Address		City, State, Zip
Position with company		Email Address
Contact Name	D.O.B.	Direct# ()
Address		City, State, Zip
Position with company		Email Address

Bank Reference

Bank Name	Contact Name
Bank Address	Contact Phone # ()
City, State, Zip	Contact Email
Checking Account #	Savings Account #

Trade References

Company Name	Contact Name
Company Address	Contact Phone # ()
City, State Zip	Contact Email
Company Name	Contact Name
Company Address	Contact Phone # ()
City, State Zip	Contact Email
Company Name	Contact Name
Company Address	Contact Phone # ()
City, State Zip	Contact Email

Agreement Applicant & Customer Statement

The Undersigned promises to pay this account in full by the 30th day of the month following purchase. If, however, this account is not paid as agreed, the Undersigned agrees to pay in addition to the amount owed, the (Interest Charge) stated on the purchase invoice. If this account is placed for collection, the Undersigned agrees to pay all actual Attorney's fees And costs of collections.

The Undersigned hereby authorizes and consents to any contact or inquiry of any person, corporation or business of any kind at the time regarding credit standing and any other financial information. This authorization is in no way limited to or by the trade references provided on the reverse side of this application. The Undersigned indemnify and hold harmless from any and all liability connected with such contact or inquiry.

The Undersigned agrees to the Abracadabra Printing, Inc. – Terms and Conditions printed on the back of Abracadabra Printing Inc. Invoice provided to the customer.

For value received, each and every party who signs this agreement or becomes liable either now or hereafter for the payment of this agreement severally waives presentment, demand, protest, and notice of non-payment hereof, binds themselves hereon as the principal and not as surety and agrees to remain bound hereon notwithstanding any extension that may be made to any party liable hereon. The line of credit shall be personally secured by the undersigned. At the option of this holder, the venue of said suit may be laid in the county of the resident of the holder.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS CREDIT APPLICATION.

X		X	
Guarantor Signature	Date	Guarantor Signature	Date
X		X	
Title		Title	