

Credit Application

640 Central Avenue – Albany, NY 12206 Phone: 518-432-1234 • Fax: 518-729-5522

You are applying for a commercial business account will Albany Print, Inc. Please complete the entire application. All information given will be held in the strictest confidence and used solely in connection with your account. By signing this application you are giving Albany Print, Inc. permission to inquire and verify the information provided.

Date	Telephone #	Fax #				
Legal Business Name_						
Contact Name		Ema	nil			
Business Address						
City		State	e	Zip		
Legal Status						
☐ Sole Proprietorship	Partnership	☐ Corporation	☐ LLP	LLC		
If incorporated, State of incorporationDate of incorporation						
Taxpayer Identification	Number (TIN)					
Accounts Payable Man	ager Name					
Accounts Payable Phor	e Number					
Principals						
Owner/Officer			Cell #			
Partner/Officer			Cell #			
Trade References (Please List at least 2) Must have an activ	e account with o	company liste	d.	
1. Name				Years Op	en	
Address		City		State	Zip	
Contact			_Telephone #			
2. Name				Years Op	en	
Address		City		State	Zip	
Contact			_Telephone #			
3. Name				Years Op	en	
Address		City		State	Zip	
Contact			_Telephone #			

Financial Information Bank Name______Branch____ Bank Address City State Zip Bank Contact______Telephone_____ Business Checking Acct #____ Credit line requested_____ Please Note: Amount of credit may be increased or decreased according to payment experience. **Special Instructions** Are purchase orders required for purchases? Yes No Are verbal PO's acceptable? Yes No Will you be paying Sales Tax? Yes No If not, a signed Resale Certificate must be attached. **Delivery Instructions** Business/Receiving Hours_____ Special Instructions: Terms 30 Days Net Terms are 30 days net. Invoices remaining open after 30 days are subject to a service charge of 6%, plus 1.5% each month invoice remains open. Invoices are dated the day the order is delivered to either the purchaser or a commercial carrier. Payments are posted on the day they are received. Any problems with completed jobs must be reported within 15 days or they shall be deemed acceptable. Please remit all payments to Albany Print, Inc., 640 Central Avenue, Albany, NY 12206. Payments may also be made via Paypal to: cash@albanyprint.com. I certify the information provided is true and accurate to the best of my knowledge. I have read, understand and agree to the terms and conditions contained herein, and I am authorized to enter into this agreement. Title Authorized Signature Date Authorized Signature Title Date

OFFICE USE ONLY

Trade	Comp	Confirmed by	Date Opened	
Trade	Bank	Reviewed by	Account Number	
Trade	Score	Approved by	Credit Limit	