



CREDIT APPLICATION
OR
COMPANY CHECK APPROVAL

Our quality is built on simple things...
DEDICATION, CREATIVITY & PRIDE

COMPANY INFORMATION:

Company Name:
Street Address:
City: State: Zip:
Telephone: Fax:
Federal I.D.#: Resale #:
Year Established: D&B #: Rating:
Principal Owners: Title:

Please check where applicable:

Corporation: State of Incorporation: Years in Business:
Proprietorship: If Proprietorship, please give name and Social Security #'s of Principals:
Partnership: Name: S.S. #:
Name: S.S. #:

If this is a subsidiary, division, or branch of any other company, please detail relationship and furnish complete name and address of parent company or headquarters on a separate page.

BANK INFORMATION:

Bank Name: Account #:
Bank Address: Telephone:
Fax:
Contact Person:

TRADE REFERENCES:

Company: Telephone:
Address: Fax:
City, State, Zip: Account #:
Company: Telephone:
Address: Fax:
City, State, Zip: Account #:
Company: Telephone:
Address: Fax:
City, State, Zip: Account #:
Company: Telephone:
Address: Fax:
City, State, Zip: Account #:

TERMS OF CREDIT ON OPEN ACCOUNT

- Applicants signature attests financial responsibility and willingness to pay our invoices according to approved payment terms.
Applicant agrees to pay attorney fees, all collection costs and interest in case of default in payment in compliance with approved terms.
Interest charge of 1.5% (18% annually) will be charged on all past due accounts.
Standard terms are "C.O.D./Company Check" or "Net 10 Days" or "Net 30 Days". Accounts given "Net 10 Days" or "Net 30 Days" that become more than 10 days past due from invoice date will be put on C.O.D. status.
This contract is made and entered into by all parties necessary hereto at Pinellas County, Florida. All offers and acceptance contemplated herein are consummated at this site. Any and all actions brought to enforce the terms of this contract shall be instituted in a court of competent jurisdiction in Pinellas County, Florida.

RETURNS

- Returns must be authorized in advance. Claims must be made within 10 days after delivery.

I certify all foregoing information is true and correct. I authorize Dowling Graphics, Inc., to make inquiries regarding my credit. Furthermore, I accept and agree to abide by the above terms and credit policies.

Signature: Print Name:

Title: Print Title:

Must be signed by an officer or owner of the company.



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CREDIT REFERENCE RELEASE

I hereby give my authorization for the release of credit information to Dowling Graphics, Inc., for the purpose of establishing credit terms. All information is to be held in strict confidence and not to be used for any other purpose other than a credit reference for establishing credit.

Company Name: _____

Signature of Company Officer: _____

Date: _____

BANK AUTHORIZATION FORM:

I hereby authorize _____ (name of bank) to give account information on _____ (name of company) to Dowling Graphics, Inc., for the purpose of setting a line of credit with said company. All information is to be held in strict confidence and not to be used for any purpose other than establishing credit.

Company Name: _____

Signature of Company Officer: _____

Account #: _____

Date: _____