

CREDIT APPLICATION

PLEASE FAX THIS TO 781.890.7541

COMPANY

COMPANY NAME _____

CONTACT FIRST NAME _____ CONTACT LAST NAME _____

ADDRESS LINE1 _____

ADDRESS LINE2 _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

FED EX NUMBER _____ UPS NUMBER _____

PURCHASE ORDER NUMBER - REQUIRED? YES NO

TAX EXEMPT NUMBER (TAX EXEMPT FORM REQUIRED) _____

BUSINESS DATA

NUMBER OF EMPLOYEES _____ ANNUAL REVENUE _____

AUTHORIZED SIGNATURE _____ DATE _____

TRADE REFERENCE

COMPANY NAME _____	CONTACT _____	COMPANY _____	CONTACT _____
PHONE _____	FAX _____	PHONE _____	FAX _____
ADDRESS _____		ADDRESS _____	
CITY _____	STATE _____	ZIP _____	CITY _____
			STATE _____
			ZIP _____

BANK REFERENCE

BANK _____ CONTACT NAME _____

PHONE _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____

FOR USE BY MICROPRINT CREDIT LIMIT ASSIGNED _____ TAX EXEMPT FORM RECEIVED _____

