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CREDIT APPLICATION

OFFICE USE ONLY	
Approved:	_____
Date:	_____
Initials:	_____
Comments:	_____

Company Name: _____
 Address: _____
 City, State , Zip _____
 Telephone: _____ Fax: _____ Proprietorship Partnership
 Corp: _____

NAME AND TITLE OF OWNER, PARTNERS OR OFFICERS:

Name of BRD Salesperson: _____

Type of Business _____

How Long Established? _____ Approx. Number of Employees _____

Approximate Monthly Credit Requirement: _____

CREDIT REFERENCES *(One bank and three open account trade references)*: To expedite the credit approval process, please include local references if possible.

	Name	Street	City	State	Fax Number
(1)	_____				
(2)	_____				
(3)	_____				
(4)	_____				

Persons Authorized to Charge: _____

Dated: _____ Signed by: _____ Title: _____

Should you approve this application, I (we) agree to pay for all goods purchased within not more than thirty (30) days. It is understood and agreed that past due balances are subject to a service charge of 1.5% per month.

BRD PRINTING INC. is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for the basis of granting credit.