



# GORDON GRAPHICS, INC.

21640 N. 14<sup>TH</sup> AVENUE, SUITE B-2  
PHOENIX, AZ 85027  
623-582-0099  
623-582-0333 FAX

## APPLICATION FOR CREDIT

DATE \_\_\_\_\_  
DESIRED CREDIT LIMIT \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ DBA \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME(S) OF OWNER, PARTNERS, PRINCIPALS \_\_\_\_\_ POSITION \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME(S) OF OWNER, PARTNERS, PRINCIPALS \_\_\_\_\_ POSITION \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

INDIVIDUAL ( ) PARTNERSHIP ( ) CORPORATION ( ) STATE OF INCORPORATION \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_ PURCHASE ORDER REQUIRED? YES ( ) NO ( )

STATE TAX NUMBER \_\_\_\_\_ CITY TAX NUMBER \_\_\_\_\_

### CREDIT REFERENCES

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

### BANK (S) REFERENCES

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ALL CREDIT APPLICATIONS ARE ACCEPTED ON THE BASIS OF APPLICANT COMPLYING WITH OUR CREDIT TERMS. NON-PAYMENT WHEN DUE MAY RESULT IN AN ADDITIONAL CHARGE OF 1.5% PER MONTH ON THE UNPAID BALANCE, AND/OR WITHDRAWAL OF CREDIT PRIVILEGES. WE/I FURTHER AUTHORIZE YOU OR YOUR AGENT TO INVESTIGATE THE REFERENCES OR OTHER DATA FURNISHED BY ME OR BY ANY OTHER PERSON PERTAINING TO MY CREDIT RESPONSIBILITY. IN THE EVENT IT IS NECESSARY TO ENGAGE OUTSIDE REPRESENTATION AND LEGAL ACTION BECOMES NECESSARY WE/I HEREBY GUARANTEE PAYMENT OF OUTSTANDING CHARGES, INCLUDING REASONABLE COLLECTION AND/OR ATTORNEY FEES, INCURRED IN ENFORCING THIS GUARANTEE.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE OUR BANK (S) TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AUTHORIZED BY (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_