



Credit Application

Sharp Printing Services, Inc.

8645 East 116th Street
Fishers, IN 46038-2816
317-842-5159 • 1-800-829-5159 • Fax 317-842-5168
www.sharp-printing.com

DO NOT WRITE IN THIS SPACE

Credit Approved _____

Date _____

Limit _____

Re _____

Name of Business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Type of Business _____

Mailing address if different from above:

TYPE OF ORGANIZATION

Sole Proprietorship Partnership Corporation LLC Non-Profit Organization

Dun & Bradstreet # _____ Number of years in business _____

Name and Address of owners, partners or officers:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference (include account on which payment will be drawn)

Name	Branch	Phone	Acct. #
_____	_____	_____	_____
_____	_____	_____	_____

Person to contact regarding payments:

_____ Phone _____ E-Mail _____

TRADE REFERENCES (major suppliers)

Name	Address	Phone
_____	_____	_____
_____	_____	_____

TERMS

OUR TERMS ARE NET 30 DAYS FROM DELIVERY. ACCOUNTS PAST DUE WILL BE CHARGED A **FINANCE CHARGE OF 1 1/2% PER MONTH,** (ANNUAL PERCENTAGE RATE 18%.) FIRMS WHO DO NOT ADHERE TO THIS POLICY WILL BE PLACED ON A **CASH ONLY BASIS.**

OWNER, PARTNER OR OFFICER MUST READ & SIGN

I _____ do hereby agree to the above terms and to personally guarantee payment for all goods and services received from Sharp Printing Services, Inc. I further agree to pay all expenses incurred in collection of past due accounts.

_____ PRINT NAME & TITLE

_____ SIGNATURE

_____ DATE