Credit Application

Sharp Printing Services, Inc.
11100 Allisonville Road
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