



**Graphic Services**

**SIGNS & DISPLAYS**

AN ACORN SIGN GRAPHICS COMPANY

# APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Corporation Tax ID: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Principal/Authorized Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Acct. No \_\_\_\_\_

Branch Address: \_\_\_\_\_

## TRADE REFERENCES (Three Required)

Business Name: \_\_\_\_\_ Account # \_\_\_\_\_

1 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Business Name: \_\_\_\_\_ Account # \_\_\_\_\_

2 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Business Name: \_\_\_\_\_ Account # \_\_\_\_\_

3 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms: **30 Days from Invoice Date**

I/We agree that if payment is not made in accordance with the above stated terms, I/We agree to pay a finance charge of 2% per month on late balances, plus all costs associated with collection on said invoices, including attorney's fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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