



Account No. _____

CREDIT APPLICATION

1337 PIEDMONT DRIVE ❖ TROY, MICHIGAN 48083-1918 ❖ 248.524.1850 ❖ FAX: 248.524.9565

Please complete both sides of this application and return to the attention of the credit department to be considered for an open account. Print or type all information.

BILLING INFORMATION

COMPANY NAME	TELEPHONE
ATTENTION	FAX
STREET ADDRESS	BOOKKEEPER
MAILING ADDRESS (IF OTHER THAN STREET ADDRESS)	TELEPHONE
CITY, STATE, ZIP	DATE BUSINESS ESTABLISHED

PRINCIPAL OWNERS, OFFICERS OR STOCKHOLDERS

LAST NAME, FIRST, MIDDLE	POSITION OR TITLE	SOCIAL SEC. NO.	HOME ADDRESS - CITY, STATE, ZIP

OWNER'S HOME TELEPHONE NUMBER _____

- Sole Proprietorship
- Partnership
- Corporation
- Subsidiary of Another Company
- Branch of a Company (please list additional branch(es) and location(s) on a separate piece of paper and attach to this application)

State _____ I.D. # _____

NAME OF PARENT OR HOME OFFICE	TELEPHONE
ADDRESS	CONTACT PERSON

To help us determine your credit limit, please answer the following questions:

What is the high credit you desire? \$ _____

Has the owner of your business ever purchased goods from Accelerated Press, Inc. under any other business name? _____

If yes, under what name and address? _____

Has the owner of this business filed bankruptcy in the last seven years? _____

BANK AND TRADE REFERENCES

BANK		TRADE/SUPPLIER
ADDRESS		ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP
PHONE	CHECKING ACCT. #	PHONE
TRADE/SUPPLIER		TRADE/SUPPLIER
ADDRESS		ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP
PHONE		PHONE

ATTENTION: ACCOUNTS PAYABLE

Does your Accounts Payable Department have special needs? Please fill in the information below to help us handle your billing procedures in the manner that you would like. Which of the following applies to your company?

- Our Purchase Order number must be indicated on each Accelerated Press invoice.
- We will submit a list of the applicable invoices with each payment.
- We will pay more than one account with our check.
- We have more than one account but would like all transactions to appear on one statement.

Please list all account numbers and indicate the account to be used as the billing headquarters:

Billing Account #: _____

- We would like our statements sent to a special address.

Please list address: _____

CREDIT POLICY

Payment Terms: Due Net 30 with approved credit, Check with Order/C.O.D. without approved credit. Note: Upon receipt of an order after you have exceeded your established credit limit, your order will be processed C.O.D. and you will be notified by mail. Future orders will be delayed until payment is received.

Invoicing and Statements: The original invoice will be included with each order. A statement will be issued if there is a past-due balance outstanding at the end of the month. A 1 1/2% finance charge per month will be added for any past-due balance and a \$30.00 service charge will be assessed for any returned check.

Payments: Please mail check to the mailing address indicated on your statement. Note: Please be advised that if payments are not received in a timely manner, you will be subject to having all future orders held and your line of credit removed.

Credit Department: The Credit Department is willing to work with you if a problem should arise. Communication with us will avoid misunderstandings which could impair your credit with Accelerated Press. Questions about your credit terms may be addressed to the Credit Department.

I, as an authorized officer, partner or sole proprietor of this company, certify that the above information is correct. As part of the application for credit, I grant Accelerated Press, Inc. permission to contact consumer credit reporting agencies, commercial credit reporting agencies, bank and trade references as necessary.

SIGNATURE

PRINT NAME

DATE

TITLE

ACCELERATED PRESS, INC.

Accounts Receivable Phone: 248.524.1850 Fax: 248.524.9565