

CREDIT APPLICATION

COMPANY NAME		Legal Name	
<i>Billing Information</i>		<i>Shipping Information</i>	
Street Address		Street Address	
City		City	
State/Zip	Country	State/Zip	Country
Phone	Fax	Phone	Fax
Owner of Business		E-mail	
Form of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Customer Federal ID # / Social Security #			
No. of Years in Business		No. of Employees	D&B#
Requested Credit Amount		Preferred method of payment	

BANK REFERENCE

Bank Name	
Bank Address	
Telephone Number	Contact Person
Your Account Number	

TRADE REFERENCES (PREFERABLY NORTH AMERICAN)

Name	Account #
Address	
Accounts Receivable Contact	Telephone Number (extension)
Fax Number	E-mail
Name	Account #
Address	
Accounts Receivable Contact	Telephone Number (extension)
Fax Number	E-mail
Name	Account #
Address	
Accounts Receivable Contact	Telephone Number (extension)
Fax Number	E-mail

I understand that if the above applicant is accepted for extension of credit by Wild Apple Graphics, Ltd., payment terms will be net 30 days. I understand that if any amount due is not received by Wild Apple Graphics, Ltd., within the agreed upon terms, a late charge of 1.5% per month, starting at the due date, will be levied and collected. I also understand that Wild Apple Graphics, Ltd., may withdraw credit at any time for any reason. All costs of collection are payable by applicant. I warrant that the above information is true and correct to the best of my knowledge. Credit terms will lapse after two years of inactivity.

Signature	Date
Name (Print)	Title