

Flexo-graphics, LLC

12820 West Glendale Avenue, Butler, WI 53007
1-800-422-6888 1-262-790-2740 Fax 1-262-790-2759

CREDIT APPLICATION

Date: _____

Company Name: _____

Legal Name: _____
(if different from Company Name)

Address: _____

Telephone #: _____

Type of Business: _____ Corporation _____ Partnership
_____ Individual _____ Div./Subsidiary
Name of Parent Company: _____

Principal Owner(s): _____

Nature of Business/Products Sold: _____

In Business Since: _____ No. Employees: _____

How Long at Present Location: _____

Name of accounts payable manager or person who will handle payment of this account: _____

BANK REFERENCE

Institution Name: _____ Phone #: _____

Address: _____

Name to Contact: _____ Acct. #: _____

TRADE REFERENCES

These references must be directly connected with your industry or business

1. Name: _____ FAX #: _____
Phone #: _____

Mailing Address: _____

2. Name: _____ FAX #: _____
Phone #: _____

Mailing Address: _____

3. Name: _____ FAX #: _____
Phone #: _____

Mailing Address: _____

It is understood that the above references may be contacted and, if necessary, the services of a credit bureau may be engaged. Credit terms are 1% 10 Net 30 and overdue amounts may be assessed a service charge of 1-1/2% per month. The authorized signer as indicated by the signature below agrees to comply with payment terms and to pay the above stated charge on overdue amounts and any fees incurred in the collection of past due amounts.

Signature

Printed name of signer

Title

Date