



[415] 381-3227 • Fax 381-3062 324 Miller Avenue • Mill Valley, CA 94941

# Credit Application

## BILLING ADDRESS

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(with area code) (with area code)

Type of Business:  
 D/B/A                       Partnership  
 Individual                 Corporation

Fed. ID# \_\_\_\_\_

Date Incorporated \_\_\_\_\_

President/Owner \_\_\_\_\_

Acct. Pay. Contact \_\_\_\_\_

## BANK REFERENCES

Bank \_\_\_\_\_

Bank Officer \_\_\_\_\_

Phone \_\_\_\_\_

Name of Account \_\_\_\_\_

Account Number \_\_\_\_\_

- First time orders will be strictly COD, with 50% deposit due at time of order.
- Complete credit applications will be processed within 15 working days.
- Payments are due based on invoice date; no statements will be sent.

## CREDIT REFERENCES (List Three)

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Terms Requested** \_\_\_\_\_

- A 1-1/2% per month service charge will be added to past due balances.
- Credit is extended as a courtesy and may be revoked at any time, at the discretion of WIGT printing.
- Delinquent accounts may be returned to COD terms without notice.

I certify that all the information on this form is correct. I agree to pay outstanding invoices within the credit terms extended to me by WIGT Printing.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

Terms Approved \_\_\_\_\_ Credit Limit \_\_\_\_\_ Date \_\_\_\_\_