



imaging & printing corporation

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CREDIT APPLICATION

COMPANY INFORMATION

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Corp. Sole Owner Other _____ Type of Business: _____ Years in Business: _____

Accounts Payable Manager: _____

Telephone: _____ Ext: _____

Is this a Branch Office: Yes No (If yes, please fill in information below)

Address of Home Office: _____

Telephone: _____ Fax: _____

Name of Bank: _____

Contact Name: _____ Contact Phone: _____

Account Number: _____ Type of Account: Savings Checking

TRADE REFERENCES

1. Company Name: _____ Address: _____

Contact Name: _____ Account Number: _____

Contact Phone: _____ Contact Fax: _____

2. Company Name: _____ Address: _____

Contact Name: _____ Account Number: _____

Contact Phone: _____ Contact Fax: _____

3. Company Name: _____ Address: _____

Contact Name: _____ Account Number: _____

Contact Phone: _____ Contact Fax: _____

All invoices are payable within 30 business days. Invoices paid after 30 days will be subject to a 1.8% monthly finance charge

I authorize Imaging & Printing to access information about the company credit history. I certify that the above information is true and current to all terms listed above.

Signature _____ Title _____

Printed Name _____ Date _____