



517 King Street, Charleston, SC 29403 843.853.5066 Fax 843.853.0202

**Credit Application**

**Business Information**

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Federal ID # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Owner, Principal, Partner Names \_\_\_\_\_

Account Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Bank Reference**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**Trade References (3)**

1. Company \_\_\_\_\_ Phone \_\_\_\_\_

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

2. Company \_\_\_\_\_ Phone \_\_\_\_\_

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

3. Company \_\_\_\_\_ Phone \_\_\_\_\_

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

**Desired credit limit** \$ \_\_\_\_\_

By submitting this form, I agree that the above information is true and complete and authorize A & E Digital Printing to obtain any credit information necessary to establish and maintain a credit account. I accept A & E Digital Printing's 30 day net credit terms and agree to pay all costs, including reasonable attorney fees, associated with account collection.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_