



DIGITAL PRINTING  
www.anedigital.com

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 # \_\_\_\_\_

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

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

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

### **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 in establishing and maintaining a credit account. I accept A & E Digital Printing 30 day net credit terms and agree to pay all costs, including reasonable attorney fees, associated with account collection.

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

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