

# CREDIT APPLICATION

Please fax back completed application to 616-245-5494, attn: Credit Dept.



Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please check one:**

Proprietorship    Partnership    Corporation

Length of time in business: \_\_\_\_\_

Annual gross sales: \_\_\_\_\_

**Principal Bank Relationship:**

Bank name: \_\_\_\_\_

Phone: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Account number: \_\_\_\_\_

**Vendor Relationship #1** *(Print Industry Preferred)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

**Vendor Relationship #3** *(Print Industry Preferred)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

**Vendor Relationship #2** *(Print Industry Preferred)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

**Vendor Relationship #4** *(Print Industry Preferred)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

**Please fill in all fields above. Any missing information may result in a delay in reviewing your credit application**

**Release:**

I authorize the release of any and all credit/banking information as needed by the inquiring company.

Authorized signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Color House Graphics**  
3505 Eastern Ave SE  
Grand Rapids, MI 49508  
1-800-454-1916

**For Color House Graphics use only:**

Terms approved: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_