

CREDIT APPLICATION

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



Company Name: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Account Contact: _____ Email: _____

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: _____
Email Address: _____

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: _____