CREDIT APPLICATION

Please fax back completed application to 616-245-5494, attn: Credit Dept; or
Email: britni@colorhousegraphics.com; hbeach@colorhousegraphics.com

Company Name: _____ Customer Code: _____

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: _____

Email: _____

Contact: _____

Vendor Relationship #2 *(Print Industry Preferred)*

Company Name: _____

Address: _____

City: _____ State:____ Zip:_____

Phone: _____

Email: _____

Contact: _____

Vendor Relationship #3 *(Print Industry Preferred)*

Company Name: _____

Address: _____

City: _____ State:____ Zip:_____

Phone: _____

Email: _____

Contact: _____

Vendor Relationship #4 *(Print Industry Preferred)*

Company Name: _____

Address: _____

City: _____ State:____ Zip:_____

Phone: _____

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: _____