



Serving the Printing and Advertising Industries

INC.

1260 Rankin Street • Suite F
Troy, MI 48083-2845

(248) 585-5566

FAX: (248) 585-7744

— CREDIT APPLICATION —

YOUR COOPERATION IN PROVIDING THE FOLLOWING CONFIDENTIAL INFORMATION WILL HELP US TO ESTABLISH YOUR NEW ACCOUNT AND BETTER SERVE YOUR FUTURE BUSINESS NEEDS.

COMPANY NAME: _____ **PHONE NUMBER:** _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PLEASE CHECK ONE: _____ **SOLE PROPRIETOR** _____ **PARTNERSHIP** _____ **CORPORATION**

YEAR BUSINESS WAS STARTED _____ **FEDERAL I.D.#** _____

TYPE OF BUSINESS _____ **AFFILIATED WITH** _____

OWNER INFORMATION:

1). _____
NAME S.S.# HOME PHONE

HOME ADDRESS CITY STATE ZIP

2). _____
NAME S.S.# HOME PHONE

HOME ADDRESS CITY STATE ZIP

TRADE REFERENCES: (List Open Accounts Only)

NAME STREET ADDRESS — CITY — STATE — ZIP PHONE

1). _____

2). _____

3). _____

BANK REFERENCE:

BANK NAME ACCOUNT NUMBER PHONE

BANK ADDRESS CITY STATE ZIP

By affixing the signature below, the undersigned understands and agrees:

- **ART-IN-TRANSIT, INC.** credit terms are net 30 days.
- the foregoing information is accurate.
- to pay when due all invoices from **ART-IN-TRANSIT, INC.**
- to pay all delinquent invoices with interest at the maximum lawful rate.
- to pay all attorney, court and collection agency fees in the event of non-payment.

*I hereby authorize **ART-IN-TRANSIT, INC.** to verify the above information and to conduct credit history investigations through a credit reporting agency on the above listed company and/or individuals.*

Signature: _____ **Title:** _____ **Date:** _____

— FOR CREDIT DEPARTMENT USE ONLY —

Comments: _____

_____ **Credit Denied** _____ **Credit Approved (Terms)** _____ **Authorization (Int.)** _____ **Date** _____