



Request for Open Credit Account

Please provide 3 references including printing companies with whom you have done business. Applications with missing information will not be processed.

References:

1) Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Email _____

Phone (____) _____ Fax (____) _____

Your account number with this company _____

2) Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Email _____

Phone (____) _____ Fax (____) _____

Your account number with this company _____

3) Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Email _____

Phone (____) _____ Fax (____) _____

Your account number with this company _____

Your Company's Checking Acct # _____

Amount of Credit Requested \$ _____

Your Company's Name _____

Your Name _____

Credit Terms between Precision Litho Service, Inc. and Customer

1/10 Net 30 days with approved credit.