



1560 Caton Center Drive • Baltimore, Maryland 21227
 (410) 242-8300 TEL (410) 242-8307 FAX

APPLICATION FOR CREDIT

Sales Person _____

Date Issued _____

CREDIT APPLICATION *MUST BE COMPLETED IN FULL.*
***ORIGINAL CREDIT APPLICATION MUST* be returned for our records.**

PLEASE PRINT CLEARLY

Customer	BUSINESS NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	COUNTY
	PHONE NO.		FAX NO.	
	ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE PHONE (if different from above)	
	ACCOUNTS PAYABLE EMAIL ADDRESS		ACCOUNTS PAYABLE FAX (if different from above)	
	OWNER OR OFFICER NAME		OWNER OR OFFICER SOCIAL SECURITY #	
	HOME ADDRESS		HOME PHONE	

Business <i>PLEASE FAX A COPY OF THE SALES TAX CERTIFICATE IF THE COMPANY IS TAX EXEMPT.</i>	DATE STARTED/YEARS IN BUSINESS		NO. OF EMPLOYEES	
	SALES TAX NO. (ATTACH CERTIFICATE)		FED. ID NO.	
	NAME OF BANK			
	BANK ADDRESS			
	CHECKING ACCT. NO.		SAVINGS ACCT. NO.	
	BANK PHONE NO.		BANK FAX NO.	

Trade References	1	NAME		
		ADDRESS		
		PHONE NO.	FAX NO.	
	2	NAME		
		ADDRESS		
		PHONE NO.	FAX NO.	
	3	NAME		
		ADDRESS		
		PHONE NO.	FAX NO.	

I accept your terms of net 30 days. Subject to C.O.D. thereafter if not paid. Finance charges of 1.5% per month (annual percentage rate of 18%) on 30 day and older balances. In the event Customer fails to make any payment due, and the Company (Creative Print Group, Inc.) is caused to refer this matter to its attorneys for collection, Customer hereby agrees that it shall be responsible for all attorney's fees, in the amount of twenty-five percent (25%) of the outstanding balance due, plus reasonable fees incurred, including but not limited to court costs and fees for service of court papers. I authorize Creative Print Group, Inc. to access credit information from the bank and trade references listed above.

X _____ TITLE _____ DATE _____
 SIGNATURE OF OWNER OR OFFICER ONLY

APPLICANT'S NAME (PRINTED)

— FOR OFFICE USE ONLY — CUSTOMER ID# _____