

OFFICE USE ONLY
IF APPROVED, ACC# ASSIGNED BELOW:



CREDIT APPLICATION - CREDIT DECISIONS REQUIRE 7-10 BUSINESS DAYS

COMPANY NAME:
FRANCHISEE: YES / NO
DO YOU USE A MANAGEMENT COMPANY ? :
IF YES, CONTACT NAME:

PH:

**OWNER NAME(S) OR
CORPORATION NAME:**

STREET:

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

**REQUIRED
FED TAX I.D.# _____ OR SS# : _____**

BILL INVOICES TO:
COMPANY:

SHIP TO:

ATTENTION TO:

COMPANY:

PH#:

ATTENTION:

FAX#:

STREET:

BILLING EMAIL :

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

STREET:

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

CREDIT REFERENCES

COMPANY: **BILLING NAME:** **PHONE #**

COMPANY: **BILLING NAME:** **PHONE #**

I/WE ACCEPT LEGAL RESPONSIBILITY TO OBTAIN PRODUCTS ON A CREDIT BASIS. I ACCEPT AND AGREE TO PAY A 1.5 % SERVICE CHARGE MONTHLY IF MY PAYMENT EXCEEDS 30 DAYS AFTER INVOICE DATE. I AGREE TO PAY ANY COLLECTION CHARGES REQUIRED ABOVE THE COST OF GOODS SUPPLIED BY QUICK BADGE & SIGN INC. LATE PAYMENTS MAY DELAY OR SUSPEND ORDERS FROM QUICK BADGE AND SIGN INC. A CREDIT REPORTING AGENCY.

SIGNATURE: _____ TITLE: _____ PRINT NAME: _____

DATE: ____/____/____

PLEASE FAX THIS SIGNED FORM BACK TO: FAX 503-492-0147