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CREDIT APPLICATION & AGREEMENT

BUSINESS CONTACT INFORMATION

Business Name				
Billing Address				
City		State		Zip Code
Physical Address (if different than the Billing Address)				
City		State		Zip Code
Phone	Fax	Email	A/P Contact	
Year Established	Type of Business	Federal ID#	Resale #	
Corporation	Name of Sole Proprietor			
Partnership				
Sole Proprietor	Address	City	State	Zip Code

BANKING INFORMATION

Bank Name				
Bank Address			Contact	
City		State		Zip Code
Telephone	Fax	Email		
Account Number				

TRADE REFERENCES

Company Name				
Address				
City		State		Zip Code
Phone	Fax	Email		
Company Name				
Address				
City		State		Zip Code
Phone	Fax	Email		
Company Name				
Address				
City		State		Zip Code
Phone	Fax	Email		
Company Name				
Address				
City		State		Zip Code
Phone	Fax	Email		

AGREEMENT

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. All past due accounts are liable for collections, and may be released to a collection agency and/or attorney for collections. I (We) agree to pay all costs incurred by such action. We agree that all decisions with respect to the extension of continuation of credit shall be in sole discretion of the Creditor.

SIGNATURES

Authorized Signature		Date
Print Name		Title