

# TAYLOR - NORRIS PRINTING SERVICES, INC.

## Credit Application

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

PHONE #( ) \_\_\_\_\_ FAX #( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BILL TO ADDRESS (If Different than above) \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS? \_\_\_\_\_ LENGTH OF TIME AT CURRENT ADDRESS \_\_\_\_\_

PRIOR ADDRESS (If less than 3 Years) \_\_\_\_\_

SOLE PROP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP. \_\_\_\_\_ OTHER \_\_\_\_\_

PRINCIPALS (Owners / Officers):

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

AMOUNT OF CREDIT REQUESTING? \$ \_\_\_\_\_ /Month

(Opening amount is \$5,000 or \$10,000. /Month)

TAXABLE? \_\_\_\_\_ RESALE? \_\_\_\_\_ Sellers Permit # \_\_\_\_\_

Received Original Card on File \_\_\_\_\_

DO YOU REQUIRE A P.O.# ON ALL BILLED INVOICES? \_\_\_\_\_ Other: \_\_\_\_\_

CONTACT PERSON IN YOUR BILLING DEPT \_\_\_\_\_ PH.# (\_\_\_\_) \_\_\_\_\_ EXT.# \_\_\_\_\_

BANK REFERENCES

1) NAME OF BANK/BRANCH \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CHECKING /ACCOUNT# \_\_\_\_\_ PHONE # \_\_\_\_\_

2) NAME OF BANK/BRANCH \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CHECKING /ACCOUNT# \_\_\_\_\_ PHONE # \_\_\_\_\_

TRADE REFERENCES;

NAME \_\_\_\_\_ PH #( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT:

NAME \_\_\_\_\_ PH #( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT:

NAME \_\_\_\_\_ PH #( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT:

DECLARATION

I hereby certify that all information contained in this application, and all attachments hereto, are true and complete to the best of my knowledge, and are made for the purpose of obtaining a line of credit with Taylor-Norris Printing Services, Inc. (T.N.P.S.) I authorize Taylor-Norris Printing Svcs., Inc. to verify any and all of the information from the listed sources, and also authorize any of the above references to release credit information to T.N.P.S. I understand that invoices that run over the Term of approved credit will be charged at 1 1/2% interest per month, (18% APR)

Taylor-Norris Printing Services has the right to charge and collect any and all costs associated with past due monies owed. (Attorney fees), as well a retain dies, negs, artwork, and inventoried printing for any unpaid balance or interest due, until such balance is paid in full. All information will remain confidential. TNPS strictly adheres to PIA standards.

Company Owner/Authorized Buying Agent

Signed x \_\_\_\_\_ Date \_\_\_\_\_  
Accounts Payable Contact

Signed x \_\_\_\_\_ Date \_\_\_\_\_

OUR MAILING ADDRESS;

TAYLOR-NORRIS PRINTING, INC. P.O. BOX 80881, Rancho Santa Margarita, CA 92688-0881  
Phone (949) 364-1532 Fax (949) 364-1533 www.taylornorrisprinting.com