



Credit Application

Please complete the following information to be considered for a Terms/Open Account.
Note: All 1st time orders subject to a deposit. Speak with a Sales Representative for more information.

Business Name: _____

Contact Name: _____

Purchaser or Business President Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number, Ext: _____

Fax Number: _____

E-Mail: _____

Website: _____

Type of Business (description): _____

Is Business a (please check one): **Proprietorship** **Partnership** **Corporation**

Federal ID Number: _____ **Years Business Established:** _____

Bank Name: _____

Account Number: _____

Bank Contact Name: _____

Bank Street Address: _____

Bank City, State, Zip: _____

Bank Phone Number: _____ **Fax Number:** _____

Please provide 3 References with Companies you currently have an open account with:

1. Company Name: _____ **Acct Number:** _____

Mailing Address: _____ **City, State, Zip:** _____

Phone Number: _____ **Fax Number:** _____

2. Company Name: _____ **Acct Number:** _____

Mailing Address: _____ **City, State, Zip:** _____

Phone Number: _____ **Fax Number:** _____

3. Company Name: _____ **Acct Number:** _____

Mailing Address: _____ **City, State, Zip:** _____

Phone Number: _____ **Fax Number:** _____

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Please fax this information to Metropolitan Graphics at: 631.206.1019