



Credit Account Application

7103-B Crossroads Boulevard • Brentwood, TN 37027

615.468.2679 • fax 615.468.2680 • email accounting@theprintauthority.com

Please complete in full. This information will be kept confidential. Must be signed by a principal officer.

Name of Business _____

Business Address _____ Business Phone _____

City _____ State _____ Zip _____ Business Fax _____

Bill To Address (if different from above) _____

City _____ State _____ Zip _____

A/P Contact _____ A/P Phone _____

A/P Email _____ A/P Fax _____

Form of Organization: Sole Proprietorship () Partnership () Corporation ()

How long have you been in business? ____ Yrs. ____ Mos. How long have you been at this address? ____ Yrs. ____ Mos.

Federal Identification Number _____ (If tax exempt, please attach resale certificate or certificate of exemption.)

Is P.O. required for payment? Yes () No () List of authorized purchasers _____

Bank Reference

Bank Name _____ Bank Phone _____ Bank Fax _____

Banking Officer _____ Branch Location _____ Account Number _____

Trade References

1) Trade name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Customer Account Number _____

2) Trade name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Customer Account Number _____

3) Trade name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Customer Account Number _____

Principal(s)

1) Name _____ Title _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

2) Name _____ Title _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Invoices from The Print Authority normally accompany the product order. If your accounting department prefers that invoices be faxed or mailed, please indicate below.

Mailed to _____ Address _____

Faxed to _____ Fax Number _____



Please complete in full. This information will be kept confidential. Must be signed by a principal officer.

Terms and Conditions

Terms: This application is submitted to The Print Authority for the purpose of obtaining credit. The undersigned represents and warrants that all information contained herein is current, correct and complete, and that The Print Authority may rely on such information in deciding whether to extend credit. The undersigned agrees to notify The Print Authority immediately, in writing, of any change in the foregoing information including, without limitation, any change in the nature of the business, ownership, licensure or location of business.

Payment: Customers wishing to establish a credit account with The Print Authority must complete and sign this application. Customers who are extended credit agree to pay all invoices within the terms granted. Terms of payment for all orders on account are Net 30 days from date of delivery, unless otherwise agreed to in writing in advance by the customer and The Print Authority. All invoices not paid within thirty days may accrue a monthly service fee of 1.5% per month or the maximum rate allowed by law. Delinquent accounts will be referred for collection. The customer agrees to pay all fees and costs of collection including attorney's fees and any finance charges outstanding. The Print Authority may cancel extension of credit and/or discontinue deliveries at anytime. In the event credit is cancelled, The Print Authority may require all amounts outstanding to be paid in full immediately.

Legal Name of Customer _____

Officer/Owner of/Authorized Agent Signature _____

Print Name of Person Signing _____

Title _____

Date _____