



THE PRINTSHOP

Customer Account Application

Firm Name _____ Today's Date _____

Physical Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Major Credit Card No. (see below) _____ Exp. Date _____

Must be valid for at least 6 months.

MUST BE FILLED OUT COMPLETELY

Rev. 10/02

CONTACTS (Any persons authorized to sign on your account)

1. Name _____ Phone _____ Fax _____ Email _____
First Last
2. Name _____ Phone _____ Fax _____ Email _____
First Last
3. Name _____ Phone _____ Fax _____ Email _____
First Last
4. Name _____ Phone _____ Fax _____ Email _____
First Last
5. Name _____ Phone _____ Fax _____ Email _____
First Last
6. Name _____ Phone _____ Fax _____ Email _____
First Last

If less than 2 years at present location, previous address:

Street _____ City _____ State _____ Zip _____

Type of Business _____ Legal Entity Corporation Partnership
 Proprietorship Other

Year Established _____ How long at current address _____

PRINCIPALS: (If a corporation, list names of officers and titles; if other entity, list names of partners or owners.)

Name Title Address, City, State, Zip

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Local References

Company Name _____ Address, City, State, Zip _____
Telephone / Contact _____ Doing Business with for how long? _____

Company Name _____ Address, City, State, Zip _____
Telephone / Contact _____ Doing Business with for how long? _____

Bank References

Company Name _____ Address, City, State, Zip _____
Telephone / Contact _____ Doing Business with for how long? _____

Company Name _____ Address, City, State, Zip _____
Telephone / Contact _____ Doing Business with for how long? _____

Personal References

Company Name _____ Address, City, State, Zip _____
Telephone / Contact _____ Doing Business with for how long? _____

Company Name _____ Address, City, State, Zip _____
Telephone / Contact _____ Doing Business with for how long? _____

In consideration of credit by The Print Shop of Savannah, Inc., we _____ agree that all accounts are due and payable within thirty (30) days of each invoice date and bear interest at a rate of 3.75% per month thereafter. I, furthermore, authorize The Print Shop of Savannah, Inc. to charge any invoice over sixty (60) days old to the credit card noted above and we shall pay all costs and reasonable attorney's fees and collection costs on all past due amounts referred to courts, an attorney or collection agency for collection.