

Advantage Sign Supply, Inc. - **CUSTOMER CREDIT APPLICATION**

Please fill out completely and fax to Credit Department at #1-800-832-7555

Incorporated Name _____

DBA Name _____ Requested Credit Limit \$ _____

Account Contact _____ Years Business Established _____ State Incorporated _____

Corporation Partnership Proprietorship Non-Profit Fed ID# _____

DUNS# _____

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Annual Gross Sales \$ _____ Number of Employees _____ Facility Square Footage _____

Officer or Owner: Name _____ Title _____

Phone _____ Social Security # _____

Residence _____

Officer or Owner: Name _____ Title _____

Phone _____ Social Security # _____

Residence _____

A/P Contact Name _____ E-mail _____

Phone _____ Fax _____ Do you require Purchase Orders? _____

Email address to send invoices: _____

Bank _____ Contact _____

Street _____ City _____ State _____ Zip _____

Phone _____ Account # _____

Trade Reference _____ Phone _____ Fax _____

City _____ State _____ Zip _____

I hereby authorize Advantage Sign Supply, Inc. to make a complete credit check on our company and the principals of the same as individuals and to relate this information to others as necessary to secure credit approval. I also authorize the above banks and references to release any information that may be requested by Advantage Sign Supply, Inc. I certify this statement is true and correct. All accounts are due and payable within stated terms. An 18% annual rate is applied to all overdue amounts. In the event of a returned check received by Advantage Sign Supply, Inc., a \$25.00 NSF fee is applied to the customer's account. Customers not settling within stated terms, agree to pay all collection costs including reasonable attorney's fees and interest at the highest legal rate. Customer's obligation cannot be assigned or transferred without prior acknowledgement and approval of Advantage Sign Supply, Inc.

(Owner's) Signature _____ Title _____ Date _____

(Registered Officer) Signature _____ Title _____ Date _____

I personally guarantee the payment of any outstanding balances due to Advantage Sign Supply, Inc. In the event legal claim is filed against the applicant and/or the undersigned for any reason to recover the past due amount, it is the right of Advantage Sign Supply to add collection costs, legal fees and attorney fees to the assigned balance due.

Signature _____

Print Name above _____ Title _____ Date _____