



CREDIT APPLICATION

1966 Benson Ave, St. Paul, MN 55116
Toll-free: (800)328-6502 | Local: (651)690-2401
Fax: (651)690-4009 | E-mail: info@amidongraphics.com
Web: amidongraphics.com

Date: Taxable: Non-Taxable: (If non-taxable, copy of tax exempt certificate required)

Firm Name: Business Classification:

Address: Phone:

City: State: Zip:

Corporation: State Incorporated: Year:

Partnership: Home Office Location:

Proprietorship:

Owner or Partner's Name:

Accounts Payable Contact:

Bank: Account Number: Phone:

Length of Business Association: Average Balance: Contact Person:

CREDIT REFERENCES

NAME	ADDRESS	PHONE NUMBER	FAX NUMBER
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that the information furnished is for the purposes of obtaining business credit from Amidon Graphics. That I am authorized, in my capacity, to bind my firm accordingly, that all accounts or monies due you shall be due and payable at your place of business, and that all past due accounts, notes, or judgments shall automatically draw interest at a monthly rate of 1.5% (18% per annum).

Name: Title:

Signature of Applicant* Date:

*(Digital Signature: Please type your full name.) **

Personal Guarantee: In consideration of credit being extended to the above named firm, I guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, complete, and continuing one, and no notice of the indebtedness or any extension of credit already here or hereafter contracted by or extended need be given. I agree to pay the amount due within five days from the notice that the account is past due.

Signature: Date: