



ALLCRAFT PRINTING, INC.
4802 MEMPHIS STREET
DALLAS, TEXAS 75207
214.742.6994
214.748.8571 FAX

Please output this page, complete information, SIGN page two and FAX to our office for approval.

Application for Credit Page 1

Date: _____

Purchase to be charged to: _____ (exact name of business)

() Proprietorship () Partnership () Corporation

Length of time doing business under present name: _____

Business Address: _____

City _____ State _____ Zip _____

Telephone Number () _____

Fax Number () _____

Email _____

Length of time at this address: _____

Principals: (Owner - Partners - Officers)

1. _____ Title _____

2. _____ Title _____

Bank Reference:

_____ (name) (address) (account number)

Credit References: (MUST BE FILLED OUT COMPLETELY)

1. 2. 3.

(name) (name) (name)

(address) (address) (address)

(city, state, zip) (city, state, zip) (city, state, zip)

(telephone) (telephone) (telephone)

(fax) (fax) (fax)

Will purchases be taxable ___ or non-taxable ___? If non-taxable, please fill out a Tax Exemption Certificate available from this site.



ALLCRAFT PRINTING, INC.
4802 MEMPHIS STREET
DALLAS, TEXAS 75207
214.742.6994
214.748.8571 FAX

Please output this page, complete information, SIGN and FAX to our office for approval.

Application for Credit Page 2

For the consideration of the extension of credit to _____, the undersigned promises to pay to the order of Allcraft Printing, Inc. at their office in Dallas, Dallas County, Texas, all charges to the account of the firm shown above on or before the tenth (10th) day of each month following the month of any and all charges. In the event said account becomes past due, the undersigned agrees that interest shall be added at the highest lawful rate per annum allowable under state law from date until paid; and that in the event payment is not made on or before the due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through Probate or Bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorney's fees.

(Name of Applicant)

By: _____
(SIGNATURE)

(Name typed or printed)

Title: _____
(Owner, Partner, Officer)

DATE

I, the undersigned, personally guarantee the prompt and unconditional payment of all charges in the above account.

(SIGNATURE)

Accepted by:
Allcraft Printing, Inc.

By: _____

For Office Use Only

Account No. _____

Credit Limit _____