



### Business Contact Information:

Company	Contact:
Registered Company Address:	Phone:
City / State / Zip	E-Mail:
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	

### Business Information:

Primary Business Address:	Phone:
City / State / Zip	Fax:
How long at current address	E-Mail:

### Credit Information:

### Account Number:

Bank Name:	<input type="checkbox"/> <b>Checking</b>
Bank Address:	<input type="checkbox"/> <b>Savings</b>
City / State / Zip	<input type="checkbox"/> <b>Other</b>
Phone:	

### Business/Trade References:

Company:	Contact:
Account Type:	Phone:
Company Address:	E-Mail:

  

Company:	Contact:
Account Type:	Phone:
Company Address:	E-Mail:

### Agreement:

1. All invoices are to be paid 30 days from the date of invoice. Any late payments will incur a 1.5% interest fee.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application you authorize US Colorworks to make inquiries into the banking and business/trade references that you have supplied.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_