



8107 Bavaria Road
 Macedonia, Ohio 44056
 330.963.7770 • 800.362.6134
 fax 330.963.7771
 www.agscustomgraphics.com

Credit Application

AGS Custom Graphics Account Manager

Company Name				Phone No.
Street Address		City	State	Zip Code
Fax No.				
<input type="checkbox"/> Corporation Date of Incorporation _____ State of Incorporation _____		<input type="checkbox"/> Sole Proprietor Date Started _____		<input type="checkbox"/> Partnership Date Started _____
<input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> Other _____	If checked complete this section	Parent Company Name Street Address _____ City, State, Zip Code _____		State of Incorporation _____ Year of Incorporation _____
Business Premises <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease (Terms of Lease _____ Years)				

For Sole Proprietor, Partnership, or Non Public Corporation, Complete the Following:

Principal's Name	Title
------------------	-------

Bank References

Principal's Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Date Opened
Type of Account: <input type="checkbox"/> Checking No. _____ <input type="checkbox"/> Savings No. _____ <input type="checkbox"/> Loan No. _____		

Printers References

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Fax No.
2. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Fax No.

Suppliers References

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Fax No.
2. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Fax No.

Any Prior History of Bankruptcy or Reorganization Under Bankruptcy Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes When _____	Have you done business with AGS Custom Graphics in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Will purchase be sales tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach certificate)
--	--

We certify that all information is correct and that we fully accept your credit terms and conditions on this application. My signature below indicates permission for AGS Custom Graphics to obtain credit information from the sources I have referenced including any external credit reporting source.

AGS Custom Graphics Terms: Net 30 days. All accounts outstanding in excess of 30 days shall be charged interest at the rate of 1 1/2% per month.

Authorized Individual (Print)	Signature	Title	Date
-------------------------------	-----------	-------	------

FOR OFFICE USE ONLY

Credit Requested	Credit Limit
Concurred By (Name) (Title)	Date

Comments _____