



Angstrom Graphics Inc Midwest/Creative Services
 4437 East 49th Street
 Cleveland, Ohio 44125
 216.271.5300
Credit Dept. Fax: 954.266.6215 800.634.1262

TO BE COMPLETED ONLY IF REQUESTING CREDIT TERMS

BILL TO ADDRESS				CUSTOMER INFORMATION	
NAME				FEI (IRS) NO:	
CONTACT			TELEPHONE ()	DUNS NO:	
ADDRESS			FAX ()	REQUESTED CREDIT LIMIT: \$	
CITY		STATE	ZIP		
COUNTRY		EMAIL ADDRESS			

BANK REFERENCES				
BANK NAME	MAILING ADDRESS	CITY	STATE	ZIP
CONTACT	TELEPHONE	TYPE OF ACCOUNT		ACCOUNT NO.
BANK NAME	TELEPHONE	TYPE OF ACCOUNT		ACCOUNT NO.
CONTACT	TELEPHONE	TYPE OF ACCOUNT		ACCOUNT NO.

TRADE REFERENCES				
SUPPLIER	MAILING ADDRESS	CITY	STATE	ZIP
CONTACT	TELEPHONE			
SUPPLIER	MAILING ADDRESS	CITY	STATE	ZIP
CONTACT	TELEPHONE			
SUPPLIER	MAILING ADDRESS	CITY	STATE	ZIP
CONTACT	TELEPHONE			

BUSINESS INFORMATION	FINANCIAL STATEMENT	OWNERSHIP TYPE
YEARS IN BUSINESS: _____	FISCAL YEAR END / /	CORPORATION <input type="checkbox"/>
TYPE OF BUSINESS: _____	ANNUAL REPORTS PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
OWN/LEASE BUILDING: _____	INTERIM REPORTS PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>

PARENT COMPANY INFORMATION	
PARENT NAME	
ADDRESS	
TELEPHONE	STATE OF INCORPORATION:

OWNERSHIP INFORMATION	SOCIAL SECURITY #	HOME ADDRESS			
NAME		MAILING ADDRESS	CITY	STATE	ZIP
NAME		MAILING ADDRESS	CITY	STATE	ZIP

The undersigned hereby certifies that the information in this credit application is correct. Further, the undersigned authorizes Angstrom Graphics Inc or its agents to investigate the references or other data furnished by the undersigned, and acknowledge that Angstrom Graphics Inc may obtain credit reports for use in analysis of customers credit history. Acceptance of this credit application at Angstrom Graphics Inc and approval and credit terms are subject to credit review and no prior approval is implied by receipt of this application.

CUSTOMER SIGNATURE	TITLE	DATE
X		
X		

SALES MANAGEMENT INFORMATION			CREDIT MANAGEMENT APPROVAL	
SALES REPRESENTATIVE	SALES REP NO.	DATE	SIGNATURE	DATE
<input type="checkbox"/> FINANCIAL	<input type="checkbox"/> SUPPLIERS	<input type="checkbox"/> BANK	<input type="checkbox"/> D&B	CREDIT LIMIT \$
			TERMS	