



ISO-9001:2000 Certified

Attn: Credit Department  
 Phone: 954.920.7300  
 Fax: 954.926.4800

2025 McKinley Street, Hollywood, FL 33020  
 954.920.7300 • 800.327.7486

4437 East 49th Street, Cleveland, OH 44125  
 216.271.5300 • 800.634.1262

BILL TO ADDRESS			
NAME			
CONTACT		TELEPHONE	( )
ADDRESS			
CITY		STATE	ZIP
COUNTRY		EMAIL	

CUSTOMER INFORMATION
PUBLICATION NAME(S):
TAX (IRS) No:
DUNS No :
REQUESTED CREDIT LIMIT: \$

BANK REFERENCES			
BANK NAME	MAILING ADDRESS	CITY	STATE ZIP
PERSON TO CONTACT	TELEPHONE	TYPE OF ACCOUNT	ACCOUNT NUMBER
BANK NAME	MAILING ADDRESS	CITY	STATE ZIP
PERSON TO CONTACT	TELEPHONE	TYPE OF ACCOUNT	ACCOUNT NUMBER

TRADE REFERENCES			
MAJOR SUPPLIER	MAILING ADDRESS	CITY	STATE ZIP
PERSON TO CONTACT	TELEPHONE	TYPE OF ACCOUNT	ACCOUNT NUMBER
MAJOR SUPPLIER	MAILING ADDRESS	CITY	STATE ZIP
PERSON TO CONTACT	TELEPHONE	TYPE OF ACCOUNT	ACCOUNT NUMBER
MAJOR SUPPLIER	MAILING ADDRESS	CITY	STATE ZIP
PERSON TO CONTACT	TELEPHONE	TYPE OF ACCOUNT	ACCOUNT NUMBER

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: _____	INTERMIM 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

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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 credit reports may be obtained by Angstrom Graphics Inc 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