



**727 Venice Blvd
Los Angeles, CA 90015**

Phone: 800-564-7323

www.readinkjet.com

Firm Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Type of Business _____ Owned Since _____

Ownership: Sole Ownership Partnership Corporation Fed Tax ID# _____

Owner _____

Name Home Address Phone# Social Security #

Partners: (1) _____

Name Home Address Phone# Social Security #

(2) _____

Name Home Address Phone# Social Security #

Corporation: President _____ Treasurer _____

Vice President _____ Secretary _____

Bank _____ Acct No. _____

Account Rep./Phone No. _____ Checking Savings

Bank _____ Acct No. _____

Account Rep./Phone No. _____ Checking Savings

Trade References Amount of Credit Requested Per Month

1) Name _____ Phone _____
Address _____ City _____ State _____ Zipcode _____
Terms _____ When Opened _____

2) Name _____ Phone _____
Address _____ City _____ State _____ Zipcode _____
Terms _____ When Opened _____

3) Name _____ Phone _____
Address _____ City _____ State _____ Zipcode _____
Terms _____ When Opened _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1 1/2% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

A facsimile application received will be considered an original copy. The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Signed _____ Title _____
Signed _____ Title _____
Date _____ Company _____

Billing Address _____

Required on Invoice: P.O. No. Job No. Job Name Person Ordering

A/P Email: _____