



1400 Crispin Drive
 Elgin, Illinois 60123
 Phone: (847) 741-4411
 Fax: (847) 741-2728

APPLICATION FOR CREDIT

Legal Name of Business: _____

DBA or Tradestyle: _____

Division of: _____ Year Established _____

Type of Business: _____ Tax Exempt Number: _____

Sole proprietorship Other _____ **Attach Certificate**

Partnership Corporation

NGS Printing Sales Representative: _____

Credit Contact:

Name _____

Title _____

Telephone: _____

Fax: _____

Bill to Address:

Street: _____

P.O. Box _____

City _____

State: _____ Zip: _____

Buyer Contact:

Name _____

Title _____

Telephone: _____

Fax: _____

Ship to Address:

Street: _____

City _____

State: _____ Zip: _____

A SIGNATURE IS REQUIRED TO ALLOW THE APPLICATION TO BE PROCESSED:

I (We) hereby agree that:

1. NGS Printing may contact firms or persons named above for verification of facts and payments of funds.
2. I (We) will notify NGS Printing immediately of any changes of the above facts.
3. All invoices will be paid within the terms indicated.
4. I (We) will pay late payment charges of 1.5% per month (18% annual rate) on invoices over 30 days past due.
5. I (We) will pay any collection costs or any attorney's fees charged to NGS Printing if third party intervention becomes necessary.

The representatives made herein are correct to the best of my knowledge and I understand this application may be rejected or revoked by NGS Printing at any time if the actual facts are found to differ materially from those stated on the credit application.

Print Full Name & Title: _____

Signature: _____

Date _____

IMPORTANT:

Please list your banking and supplier references on the 2nd page. All information will be considered confidential and for the sole use of NGS Printing.

