

Application for Credit

(Please Print or Type)



To: Chroma Graphics, Inc. 15950 Trade Zone Avenue, Upper Marlboro, MD 20774-8704
Ph: 301/249-5115 Fax: 301/263-8060

Firm Legal Name: _____ Phone Number: _____
 Trade Name (If Different): _____ Fax Number: _____
 Address (Address/City/State/Zip code): _____
 Nature of Business: _____ Years under present ownership: _____
 Check One: Corporation Partnership Limited Partnership Sole Proprietor L.L.C.
 State of Incorporation: _____ Date of Incorporation: _____ Amount of Monthly Credit Requested: _____
 Federal ID #: _____ Social Security #: _____
 Has present firm ever done business under other names or at other addresses? Yes No
 If yes, what were the names and/or addresses? _____

Are you exempt from sales tax? Yes* No Sales Tax Exempt/Resale #: _____

***A copy of your tax exempt certificate must be attached. If for resale, please complete attached resale form.**

Do you require a purchase order for each job processed? Yes No
 Please list names of persons authorized to purchase for your company: _____
 Accounts payable contact: _____ Phone Number: _____ Ext: _____
 Billing Address if different from above: _____

PRINCIPAL OFFICERS/OWNERS/PARTNERS

Name: _____ Title: _____ SS #: _____
 Home Address: _____ Home Phone #: _____
 Name: _____ Title: _____ SS #: _____
 Home Address: _____ Home Phone #: _____

BANK REFERENCES

Bank Name: _____ Branch: _____
 Name of Bank Contact: _____ Phone #: _____ Ext: _____
 Checking Account #: _____ Savings Account #: _____ Loan Account #: _____

TRADE REFERENCES

List vendors and printing firms with the largest monthly balances.
NOTE: PLEASE DO NOT USE UTILITY COMPANIES, FEDERAL EXPRESS OR XEROX.

Vendors	Account Number	Address	Phone Number

The information in this application is true and complete. I am authorizing your firm to obtain credit information on our company and obtain references from any of the banks or other firms we have listed. We agree to pay all charges with **Terms of 2% 10, Net 30 days**. If we do not, then you may assess service charges of **2% per month** of the unpaid balance of this account. If our account should become delinquent and you are required to employ an attorney or collection agency to collect it, then we agree to pay fees incurred for such collection.

Authorized Signature: _____ Title: _____ Date: _____

(Please fax back to 301/263-8060, Attn: Credit Department. Thank You.)

BLANKET RESALE CERTIFICATE

Date: _____

This is to certify that all materials, merchandise, or goods purchased by the undersigned from

CHROMA GRAPHICS, INC.

15950 TRADE ZONE AVENUE

UPPER MARLBORO, MD 20774-8704

are purchased for the following purpose:

- () Resale as tangible personal property.
- () To use or incorporate the tangible personal property in a production activity as a material or part of other tangible personal property to be produced for sale.
- () Other:
Please state reason your organization is exempt.

This certificate shall be considered a part of each order that we shall give provided such order bears our Sales and Use Tax Registration Number as listed below. This certificate is to continue in force until revoked.

**Buyer's Sales and Use
Tax Registration Number:**
(enter any & all that apply below)

MD: _____

DC: _____

VA: _____

**Firm/
Buyer:** _____

Address: _____

Signature: _____

Title: _____