APPLICATION FOR CREDIT

BY:

LEGAL NAME OF FIRM OR INDIVIDUAL   dba

ADDRESS   YEARS AT THIS ADDRESS _____

CITY   STATE   ZIP   AREA CODE   PHONE

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

H.O.T. GRAPHIC SERVICES, INC.
2595 TRACY COURT ◆ NORTHWOOD, OH 43619
P.O. BOX 307 ◆ TOLEDO, OH 43697
419/242-7000 ◆ FAX 419/242-3299
www.hotgraphics.us | info@hotgraphics.us

OWNERSHIP:

The following information must be provided. It will be held in the strictest confidence.
☐ Corporation ☐ Check here if incorporated within the past 12 months ☐ Partnership ☐ Individual

1. _____
   NAME(S) OF PRINCIPAL(S)   EMAIL ADDRESS   PHONE

2. _____

3. _____

4. _____

FINANCE:

BANK _____

                                          BANK ADDRESS

BANK OFFICER OR DEPARTMENT _____

                    PHONE   ACCT #   FAX

REFERENCES:

You cannot use online stores where you pay with a credit card as a credit reference. Must have a minimum of 3 references.

1. _____   PHONE _____
   BUSINESS NAME   COMPLETE ADDRESS   ZIP
   Please supply fax numbers for faster turnaround.   FAX _____

2. _____   PHONE _____

                                           FAX _____

3. _____   PHONE _____

                                           FAX _____

4. _____   PHONE _____

                                           FAX _____

☐ Check here if cash sales are okay until credit is approved.
We certify all the information on this form is correct. We fully understand your credit terms (**1% 10 days, Net 30**) and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date _____ 20 ____   (Title) _____

FOR OFFICE USE ONLY

VERIFICATION:

REFERENCE CHECKED BY _____   ☐ CREDIT APPROVED BY _____

REFERENCE RESULTS _____   ☐ CREDIT REFUSED BY _____

                                          DATE _____

HOT 130008 5/04