

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.h-o-tgraphics.com

Fax Accounting 419-661-9485
Or Email terri@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) COMPLETE ADDRESS ZIP 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. _____
BUSINESS NAME COMPLETE ADDRESS ZIP PHONE _____
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.

Date _____ 20____ (Signed) _____
(Title) _____

FOR OFFICE USE ONLY

VERIFICATION: REFERENCE CHECKED BY _____ CREDIT APPROVED BY _____
REFERENCE RESULTS _____ CREDIT REFUSED BY _____
DATE _____

FILL IN FORM, PRINT, SIGN & EMAIL OR FAX TO HOT ACCOUNTING DEPT