

CLASSIC MAILING SERVICES
BUSINESS CREDIT APPLICATION

Business name: _____ Phone number: () _____
Billing address: _____ Fax number: () _____
City: State: Zip: _____
Street address: _____
City: State: Zip: _____
Phone number if different from above: () _____
E-mail address: _____

A / P contact name:

DUN's #

Amount of Credit Requested

How Long Has Applicant Been In Business?

GENERAL BUSINESS INFORMATION

Type of business: _____
Officer's name & title: _____
Are purchase orders required? _____
Officer's name & title: _____
How long has Applicant been at present location? _____
Can you anticipate your monthly volume with us? _____
Officer's name & title: _____
Resale Yes No Tax exempt: Yes No

(If "yes", sales tax # is: _____)

(Please send/fax/email copy of Tax Exemption Certificate. Sales tax will be added until Tax Exemption Certificate, or Resale Certificate, is provided.)

BANK REFERENCE

Bank name: _____
City State Zip _____
Officer handling: _____
Phone number: () _____

Classic Mailing Services Office Use Only:

Upon approval of this credit application, applicant will have terms on mail prep services from Classic Mailing Services

Yes, Please keep this information on file until further notice:

Back Up Funding: Customer credit card information: M/C Visa AM/EXP Paypal Other Expires: _____

Account # _____

BUSINESS CREDIT REFERENCE

References should be locally-based businesses with which you have already established and have active credit. Lawyers, doctors and bankers are not considered credit references. Please include account number with company names.

TO AVOID ANY DELAY IN PROCESSING, COMPLETE IN FULL. ALL INFORMATION TO BE HELD IN CONFIDENCE.

1. Company _____
Street address _____
City: State: Zip: _____ Phone # () _____
2. Company _____
Street address _____
City: State: Zip: _____ Phone # () _____
3. Company _____
Street address _____
City: State: Zip: _____ Phone # () _____

Classic Mailing Services Office Use Only:

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Applicant certifies that the above information is true and correct. Applicant also represents and agrees (1) that the services to be purchased and the credit requested are solely for legitimate business or commercial purposes. (2) that invoices are net and due 30 days from invoice date, (3) that any invoiced amounts not paid within 30 days after the date due shall bear interest of 1 1/2% per annum from the date due until paid, (4) to pay any and all costs of collection (including without limitation reasonable attorney's fees) incurred by Classic Mailing Services a division of Classic Printing and Graphics in collecting any overdue account, and (5) that you are authorizing Classic Mailing Services to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant, and to report information regarding applicant's account.

Date: _____ Authorized Representative Signature: _____

Printed Name _____ Title _____

Classic Mailing Services Office Use Only:				
Credit approved:	Date:	Rate:	Amt:	Customer number:
If desired, you may send your own company pre-printed form (if available) along with this signed form to: Classic Mailing Services • 10460 W. Jefferson, River Rouge, MI 48218 or fax to: 313 554-2723 or email to: classicprintingandgraphics@comcast.net				