



short run business forms

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Suite E
Kalamazoo, MI 49009
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**DISTRIBUTOR CREDIT
APPLICATION**

Date _____

Business Name _____ Phone Number () _____

Street Address _____

City _____ State _____ Zip _____

Type of Business _____

Length of Time in Business _____ Federal I.D. No. _____

THIS BUSINESS IS A: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

THE OWNERS OR, IF CORPORATION, THE OFFICERS ARE:

TITLE	NAME	CITY/STATE/ZIP	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK INFORMATION

Bank Name _____ Phone () _____

Account Number _____ Contact Name _____

PRESENT SUPPLIERS

NAME	ADDRESS	CITY/STATE/ZIP	FAX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I/We authorize the above named firms and bank to furnish any information requested by Printlink, Inc. Terms are 2% / 10 days, Net 30 days. I/We agree to pay all debts incurred within the terms of the sale. I/We further expressly agree to pay reasonable collection costs and/or attorney's fees incurred in connection with the collection of this account.

Signature _____ Name _____ Title _____