Draw & Fade

Credit Application

Contact Information

Company Name _____

D/B/A _____

Billing Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Shipping Address

☐ Same as billing address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Credit Contact (Owner/CEO/etc.) _____

Name _____

E-mail _____

Phone No. _____

References

Trade Reference

Name _____

Title _____

City _____ State _____ Zip _____

Email _____ Phone _____

Bank Reference

Name of Bank _____

Checking Account No. _____

Address _____

City _____ State _____ Zip _____ Phone No. _____

Vendor Compliance

Receiving

Receiving Hours _____

Appointment Required? (Y/N) _____

Is USPS Accepted for Deliveries? (Y/N) _____

Routing Guide / Special Delivery Instructions _____

_____

Invoice Processing

Invoice Submission Method (Email/Portal/Mail) _____

Invoice Submission Email/Portal Address _____

PO Number Required on Invoice? (Y/N) _____

Remit-To Contact Name _____

Remit-To Email _____

Agreement

- All invoices are to be paid net 30 days from date of invoice
- Claims must be submitted within 7 business days from shipment receipt
- By submitting this application, you authorize Draw & Fade to make inquiries into the banking and business/trade references that you have supplied

Signature _____

Name _____

Date _____