

Credit Application Form Please complete, sign and return this form.

2702 Pemberton Drive Apopka, FL 32703 p: 407.831.2463 • f: 407.418.0387

						CL	ICK TO SUBMIT FORM	
OFFICE ADDRESS:			BILLING ADDRESS:					
Company Name:			Company Name:					
Attention:			Attention:					
Street Address:			Street Address:					
City, State, Zip:			City, State, Zip:					
Telephone: Fax:			Telephone: Fax:					
Email:			Email:					
GENERAL INFORMATION								
Principal / Owner:			Email:					
Company Composition: Individual Partnership LLC Corporation			Corpration State of: Sub-Chapter S Corporation					
Phone & Extension:	At Pre	At Present Location Since:		Premises Leased? Amount o			Credit Desired:	
ORDERING INFORMATION								
Purchase Order Required? ☐ YES ☐ NO	ls	Merchandise for Resale?		Resale No. (if for resale, please provide Copy			vide Copy of Certificate)	
		Fax:	Email:				Phone & Extension:	
Accounts Payable Contact:		Fax:	Email:				Phone & Extension:	
BANK INFORMATION								
Bank Name:		Fax:	Bank Contact Officer:				Phone & Extension:	
Bank Address:	ank Address: City:		State:	Zip:	Accour	Account Type and Number:		
TERMS AND CONDITIONS								
All accounts are net 30 dats. If any indeb costs of collection, including a reasonable								

maximum rate permitted by applicable law, until paid in full.

ACCEPTANCE AND APPROVAL

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize 3d Bindery (a Three D Promotions, Inc. Co.) to make any and all necessary to process this credit application.

Name of Authorized Representative:	Title:	
Signature of Authorized Representative:	Phone & Extension:	Date: