

**Softchrome Ink™**  
1800 Sandy Plains Industrial Pkwy  
Ste 310  
Marietta GA 30066  
Phone: 833-367-0676  
Fax: 404-393-6880  
Email: info@softchromeink.com

# New Account Application

please fax back to 404-393-6880

Name of Business: \_\_\_\_\_

Principals Name/Title: \_\_\_\_\_

\*Primary Email Address: \_\_\_\_\_ (will be used to send pertinent account info)

Alt. Email Address: \_\_\_\_\_  
(will be used if you would like to set up online order access thru our website, www.softchromeink.com)

\*License #: \_\_\_\_\_ \*Tax ID: \_\_\_\_\_ Website: \_\_\_\_\_

\*Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

\*Fax Number: \_\_\_\_\_ \*Contact Person: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Shipping Address if different from Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

\*Principals Signature: \_\_\_\_\_ \*Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

The signed jointly, severally or individually guarantees payment of all present and future indebtedness incurred by the applicant company as all purchases require credit card payment at the time of the order unless otherwise specified by the Softchrome Ink Accounting Department.

### Credit Card Information:

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

### INTERNAL USE ONLY

Account Number: \_\_\_\_\_

Terms: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_