New Account Application

Please print in ink or type, to ensure expedient processing. If multiple accounts are required, please attach a list of company/department names, addresses and telephone numbers.

Billing Information:

Company Name _____

❑ DBA _____

Street Address _____ Suite _____

City _____ State _____ Zip _____

Billing Address (if different from above) _____ Suite _____

City _____ State _____ Zip _____

Telephone No. _____ Ext. _____ Business Fax No. _____

A/P Contact _____ President/Owner(s) _____

Purchase Order(s) Required? ❑ Yes or ❑ No If yes, please list specific requirements(s) _____

Financial Information:

Tax payer ID No. (required for approval) _____ Business License No. _____ Duns No. _____

Bank Reference (must be a depository account):

Bank Name _____ Address _____

Contact _____ Telephone No. _____

Account Number _____ Fax No. _____

Have you had an account with us before? ❑ Yes ❑ No If yes, please give details _____

Name of Parent Company (if applicable, please attach list of subsidiaries or credit reference sheet) _____

Street Address _____ Suite _____

City _____ State _____ Zip _____

E-mail _____ Telephone No. _____

Trade References

	Name	Address	Phone Number	Fax Number
(1)			( )	( )
(2)			( )	( )
(3)			( )	( )
(4)			( )	( )

Sales Tax Exemptions (if applicable):

State Law requires any organization entitled to a Sale or Use Tax exemption to provide a valid exemption/resale certificate to its vendors. Exemption from Federal or State income tax does not necessarily authorize exemption from sales tax. **Please attach the appropriate form(s) for all states and tax jurisdictions applicable to your organization.**

Type of exemption requested: ❑ Resale ❑ Non Profit ❑ Government

Resale/Exemption Number(s) _____

(Attach copies for each if applicable)

I/We certify that if any tax-free purchases are used by our firm in such a way as to subject them to Sales or Use Tax, I/we will inform Creative Printing & Publishing so the proper tax can be assessed, or our firm will pay the tax due directly to the proper taxing authority as state law provides. This certification applies each time a purchase is made on our account.

_____ **Initials**

Company Type (Check all that apply):

❑ Sole Proprietorship
❑ Partnership
❑ Corporation
❑ Professional Corporation
❑ Franchise
❑ Religious Organization
❑ Non Profit Organization
❑ Home-Operated Business
❑ Other _____

No. of Employees _____

Business Information:

In Business Since (MM/YY) ____/____

Date Incorporated (MM/YY) ____/____

In State of _____

Nature of Your Business _____

Authorized User(s): Please print. If additional space is required, please list on an attached sheet using company letterhead.

Name _____

Title _____ E-mail _____

Name _____

Title _____ E-mail _____

Name _____

Title _____ E-mail _____

Signature and Title:

Signatory has the authority to enter into contractual agreements. To the best of my/our knowledge all information provided is complete and accurate.

I/WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ON THIS APPLICATION. I/We hereby authorize the bank references listed to accept copies of this application to release all requested credit or financial information on my/our accounts.

_____

Signature (required)

_____ / _____ / _____

Print Name (required) Title (required) Date

Fax completed application to 407.322.1680 or mail to Creative Printing & Publishing at 2300 Old Lake Mary Road, Sanford, Florida 32771