



*Seaport
Graphics*

Application For Credit

We hereby apply for the extension of credit by Seaport Graphics. The following information is submitted for consideration.

Company Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

City,State,Zip: _____

A/P Contact: _____

Name/Address/Title of Officers, Partners or Proprietors:

Name: _____ Address: _____ Title: _____

Name: _____ Address: _____ Title: _____

Name: _____ Address: _____ Title: _____

Federal ID#: _____ Bank Reference: _____ Tel.: _____

Or Soc.Security# _____ City,State, Zip: _____ Contact: _____

What is the nature of your business?: _____

Are purchase orders required to charge your account? Yes _____ No _____

Is your company tax exempt? Yes _____ No _____ If yes, for Resale _____ Government _____ Out of State _____

Please attach a copy of your tax-exempt certificate

Current Business References:

Name: _____ Contact: _____ Phone: _____ Fax: _____

Name: _____ Contact: _____ Phone: _____ Fax: _____

Name: _____ Contact: _____ Phone: _____ Fax: _____

**Applicant agrees to accept financial responsibility for any commitments applicant may make with Seaport Graphics.
Applicant signature attests to ability and willingness to pay Seaport Graphics in accordance to Seaport Graphics terms of Net 15 days.**

Authorized Signature

Print name and title

Date: _____