North Shore Printers, Inc.

535 South Sheridan Road, Waukegan, Illinois 60085 • Phone: (847) 623-0037 Fax: (847) 623-0290

New Account/Credit Application (Please fill out form completely.)

Individual or firm name _____

Business address _____

City_____ State_____ Zip _____

Phone _____

Fax _____

Please indicate if billing address is different than business address.

Are purchase orders required? ❏ yes ❏ no

Section 1

(Please skip to Section 2 if paying cash with the placement of the order.)

Type of Business _____

❏ Corporation   ❏ Partnership   ❏ Proprietorship

Owners/Officers _____

_____

_____

Have you ever filed for bankruptcy? ❏ yes ❏ no

How long have you been in business? _____

Bank name _____

Branch _____

Address _____

Phone _____

Fax _____

Type of accounts ❏ checking ❏ payroll

❏ commercial loans ❏ savings

Credit references - suppliers

(Please include name, address, phone and fax)

1. _____

   _____

2. _____

   _____

3. _____

   _____

4. _____

   _____

Section 2

(Please select one option below. If paying cash with the order but would like to establish an account please indicate credit limit desired and complete Section 1.)

❏ 100% of cash with order or

❏ $1/2 with order, $1/2 with delivery or

❏ $1/3 with order, $1/3 with proof, $1/3 with delivery or

❏ Credit limit desired_____

Section 3

Sales tax exempt status ❏ taxable ❏ non-taxable

Tax exemption number _____

Note: If your firm is not to be charged sales tax, we must have your resale or exemption number and a copy of your resale license or exemption certificate.

THE UNDERSIGNED AGREES TO THE FOLLOWING:

Terms: Net 30

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with invoice terms. The information above is for the purpose of obtaining credit and is warranted to be true. I/we authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

By: _____

Title: _____

Company Name: _____

Date: _____

For North Shore Printers, Inc. use only.

❏ 100% of payment received, proceed with order and delivery

❏ 1/3 or 1/2 of payment received, see credit department prior to delivery

❏ Credit approved in the amount of _____, proceed with order and delivery

Initials_____