

Impact Color, Inc.

503 W. Wrightwood Ave. Elmhurst, IL 60126

Tel.: 630.749.4100 Fax: 630.749.4141

www.impact-color.com

| BUSINESS CONTACT INFORMATION | CREDIT APPLICATION FOR A BUSINESS ACCOUNT | | | | |
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| Phone: | BUSINESS CONTACT INFORMATION | | | | |
| Phone: | Company name: | | | | |
| City: State: ZIP Code: Accounts Payable Contact: Phone: E-mail: Date business commenced: Sole proprietorship: Partnership: Corporation: Other: BUSINESS AND CREDIT INFORMATION Primary business address: City: State: ZIP Code: How long at current address? Telephone: Fax: E-mail: Bank name: Bank name: Bank address: Phone: City: State: ZIP Code: Type of account Account number Savings Checking Other BUSINESS/TRADE REFERENCES Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: AGREEMENT 1. All invoices are to be paid 30 days from the date of the invoice. | | Fax: | E-mail: | | |
| Accounts Payable Contact: Date business commenced: Sole proprietorship: Partnership: Corporation: Other: BUSINESS AND CREDIT INFORMATION Primary business address: City: State: ZIP Code: How long at current address? Telephone: Bank name: Bank name: Bank address: Phone: City: State: ZIP Code: Type of account Account number Savings Checking Other BUSINESS/TRADE REFERENCES Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: B-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: B-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: B-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: B-mail: Type of account: Company name: Contact: Address: City: State: ZIP Code: Phone: Fax: B-mail: Type of account: Company name: Company | City: | 1 | | ZIP Code: | |
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| 2. Claims arising from invoices must be made within seven working days. | | | | | |
| 3. By submitting this application, you authorize Impact Color LLC to make inquiries into the banking and business/trade references that you have supplied. | | | | | |
| SIGNATURES | | | | | |
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| Print Name: Print Name: | Print Nama: | | Drint Nama | | |
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