



DECAL, SIGNS & BANNERS

Since 1983

www.decagraphics.net

Application for credit open account billing.

P.O. Box 9503, Wichita, Kansas 67277 • 316-945-8808 • 800-835-0264 FAX 316-945-8812 • E-Mail decagraphics@sbcglobal.net

PLEASE FILL OUT COMPLETELY, INCLUDING ZIP CODES AND MAILING ADDRESSES, THANK YOU.

Date \_\_\_\_\_

St. Tax No. \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type Of Business \_\_\_\_\_

Date Firm Or Individual Started Business \_\_\_\_\_

BANK REFERENCE

Name of bank \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of account \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

TRADE REFERENCES (Open account names only)

Table with 6 columns: Name, Address, City, State, Zip, Phone. Rows 1, 2, 3.

Amount of Credit Desired Monthly \_\_\_\_\_

I (we) agree to pay for all goods purchased within no more than thirty (30) days from the date of invoice, or pay a service charge of 2% per Month. In approving this application, Graphic Markings is authorized to contact any references listed above.

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Owner, Partner or Officer of the Corp.

NOTE: Since very few references will give credit information by phone, allow 20 days or more for approval. Should you need product before approval date, we will be pleased to ship to you on prepaid terms.

