



Decals, Signs & Banners

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*Application for credit
open account billing.*

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)

	Name	Address	City	State	Zip	Phone
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.

