



Pocket Folders FAST

Change for the Better

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1-844-427-2642 • Fax 1-402-341-8359
email to tracyu@PocketFoldersFast.com

OFFICE USE ONLY	
DR	_____
Acct.	_____
DCA	_____
CDS	_____

CREDIT APPLICATION

Company Name _____

BILLING ADDRESS

SHIPPING ADDRESS

STREET OR BOX NO _____

STREET OR BOX NO _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

COUNTY _____

COUNTY _____

TELEPHONE () _____

FAX NUMBER () _____

EMAIL _____

IF CORPORATION: _____

INDIVIDUAL PARTNERSHIP CORPORATION LLC

DATE INCORPORATED _____ STATE OF INCORPORATION _____

NAME OF PRINCIPAL PARTY _____

PERSON TO CONTACT REGARDING PAYMENTS _____

HOW LONG HAVE YOU BEEN DOING BUSINESS UNDER THIS NAME? _____ TAX ID # (OR SSN #) _____

PO REQUIRED? YES NO

BANK INFORMATION

PRINCIPAL BANK _____

ACCOUNT # _____

ADDRESS _____

BANK REPRESENTATIVE _____

TELEPHONE () _____

TRADE REFERENCES (MINIMUM OF THREE)

MUST BE COMPLETELY FILLED IN

COMPANY NAME _____

TELEPHONE () _____

ADDRESS _____

FAX NUMBER () _____

CITY, ST, ZIP _____

EMAIL ADDRESS _____

ACCOUNT NUMBER _____

.....

COMPANY NAME _____

TELEPHONE () _____

ADDRESS _____

FAX NUMBER () _____

CITY, ST, ZIP _____

EMAIL ADDRESS _____

ACCOUNT NUMBER _____

.....

COMPANY NAME _____

TELEPHONE () _____

ADDRESS _____

FAX NUMBER () _____

CITY, ST, ZIP _____

EMAIL ADDRESS _____

ACCOUNT NUMBER _____

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TERMS: First time customers must make payment in full on their first order by credit card or check. The undersigned hereby agrees to and understands that all payments on account are due in full 30 days from invoice date. All custom imprinted products are subject to 10% over or under run and will be billed accordingly. We reserve the right to bill finance charges on any invoice when not paid within terms. We reserve the right to demand full payment on any job before starting production or to refuse any job. Thank you for your partnership.

Signature of Principal

Title

Printed Name

Date