



TRAVER | GRAPHICS SM

APPLICATION FOR CREDIT

Company Name: _____ Phone # _____

Street Address: _____ Fax#: _____

City: _____ State: _____ Zip: _____

Billing Address (If different from above):

Street Address: _____ Fax#: _____

City: _____ State: _____ Zip: _____

Company is a: _____ Corporation _____ Partnership _____ Proprietorship

Taxable _____ Non – Taxable _____ If non-taxable please attach exemption form

Trade References:

Vendor: _____ Contact: _____

Address: _____

Phone: _____ Fax : _____

Vendor: _____ Contact: _____

Address: _____

Phone: _____ Fax : _____

Vendor: _____ Contact: _____

Address: _____

Phone: _____ Fax : _____

I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT FINANCIAL RESPONSIBILITY.

BY: _____ TITLE: _____

Please fax back to 226-4001, if you have any question please contact Lisa in Accounting.