



4944 Commerce Parkway • Cleveland, OH 44128
(216) 514-1278 • Toll Free - Phone (800) 234-9954 • Fax (800) 288-5837

CUSTOMER INFORMATION

Please complete both sides of this application and return it to the attention of the credit department to be considered for an open account.

Company Name: _____		Telephone #: _____	
Street Address: _____		Fax #: _____	
Mailing Address: (If different than Street Address) _____		Years in Business: _____	
City/State/Zip: _____		Contact for Billing Services: _____	
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Sales Rep. <input type="checkbox"/> Trade Show <input type="checkbox"/> Other			
Publication Name / Date _____		Please Specify _____	
Nature of Business:			
<input type="checkbox"/> Forms Distributor <input type="checkbox"/> Ad/Design Agency		Items of Interest: (check those that apply)	
<input type="checkbox"/> Commercial Printer <input type="checkbox"/> Quick Printer		<input type="checkbox"/> Business Cards <input type="checkbox"/> Letterhead/Stationery	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Envelopes <input type="checkbox"/> Rubber Stamps	
# of Employees _____		<input type="checkbox"/> Embossed/Foil Stamp Products	
Owner or Principal Officer's Name: _____			
Primary Contact: _____			

Proprietorship	Yes <input type="checkbox"/>	If yes, please complete home address:	
	No <input type="checkbox"/>		
Home Address: Street/City/State/Zip _____			

Owner's Home Phone: _____ Owner's Social Security #: _____			
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
State ID# _____		Fed. ID # _____	

*** PLEASE SUBMIT CURRENT SALES TAX EXEMPTION CERTIFICATE WITH APPLICATION ***

ACCOUNTS PAYABLE

Do you require a purchase order number on your invoices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Shipping of Product:	<input type="checkbox"/> To your company address	<input type="checkbox"/> Drop Ship	<input type="checkbox"/> Pick Up

CREDIT INFORMATION

To help us to evaluate your credit limit please complete the following:

List current suppliers of raised printing: _____

Requested account status: 30 Day COD Advance Deposit MasterCard/Visa

Anticipated monthly wholesale business: \$ _____



REFERENCES

Please complete this application and return it to the attention of the Credit Department to be considered for an open account. To ensure terms are set up promptly, please list both phone and fax numbers for each reference.

Bank
Account #
Address
City/State/Zip
Telephone _____ Fax _____

Supplier
Address
City/State/Zip
Telephone _____ Fax _____

Supplier
Address
City/State/Zip
Telephone _____ Fax _____

Supplier
Address
City/State/Zip
Telephone _____ Fax _____

CREDIT TERMS

Prior to credit approval, terms are cash in advance. Deposit accounts can be set up by contacting our accounting department.

For accounts not paid within terms, BSI reserves the right to: assess a 1.5% finance charge, hold delivery and/or processing of orders, remove credit status, and restrict future orders.

A service charge of \$30.00 will be assessed on all returned checks. BSI reserves the right to require cash or certified checks on future payments and to restrict future orders.

RELEASE

I authorize the above references to release a full disclosure of my credit and banking history. We agree to notify BSI of any changes in ownership of our company. If granted credit we agree to pay within terms. If terms are not met BSI reserves the right to assess collection charges. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses incurred by BSI to collect upon the debt.

Signature _____ Name _____

Date _____ Title _____

Headquarters Location

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