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 Miami Lakes, FL 33016
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 Fax: (305) 681-7446
 sales@ecoprintq.com

Credit Application

Please fill out all the information on this form to process application.

The top section, trade references, bank references and terms of sale sections must be completed or this form will not be processed.

General Information											
Tax ID Number					Terms Applied for			Date			
D&B Number			Rating			Account Executive					
Legal Name/DBA					Type of Business	Corporation Proprietorship	Non-Profit Government	Partnership	Years in Business		
Address					County				Fax		
City, State, Zip					Accounts Payable Customer Contact				Telephone		
If Branch, Give Home Office Address					City, State, Zip						
Cell Phone			Email			Website URL					

Additional information required for conditional sales contracts under the uniform commercial code.

Full name of owner or owners (or an authorized officer of corporation) List home address and zip code for partnership or individual home phone.

Name (s)			
Home Address			City, State, Zip
Home Phone			Email Address
Debtor Signature <small>(Individual Signing contract)</small>			Title

Trade References <small>(3 required)</small>		Bank References <small>(1 required)</small>		
Name		Bank Name		Branch
Address		Address		
City, State, Zip		City, State, Zip		Phone
Contact		Contact		
Phone		Account Number		
Email Address		Email Address		

Name	
Address	
City, State, Zip	
Contact	
Phone	
Email Address	
Name	
Address	
City, State, Zip	
Contact	
Phone	
Email Address	

Terms of Sale:

Net 30 days from the date of invoice, except where otherwise agreed in writing by ecoprintQ Inc direct.

FOB is point of Origin. A full version of the terms and conditions governing all transactions are available via mail from ecoprintQ Inc direct.

I/We certify the above information is correct. The above information is for the purpose of obtaining credit.

I/We authorize the firm to whom this application is made to investigate the references and bank information listed on this credit application.

I/We warrant that all statements made herein are true and correct to the best of our knowledge.

The applicants signature attests financial responsibility, ability and willingness to pay our invoices in full.

Signature _____

Title _____

The undersigned individual who is principal, proprietor, partner or authorized representative of the entity applying for business credit and therefore desirous of a business relationship with [creditor], recognizing that their individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to the use of the consumer credit report of the undersigned by [creditor] as may be necessary in the credit evaluation process and for periodic review for the purpose of maintaining the credit relationship.

Signature _____