



Zenger Group

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CREDIT APPLICATION

777 East Park Drive
Tonawanda, New York 14150
(716) 871-1058
FAX (716) 871-1296

Business Name		Phone		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Attention		Email		
Address		FAX		
City	State	Zip Code		
Nature of Business		Date Started		
				Credit Line Requested
				\$ _____

SUPPLIERS or TRADE REFERENCES

Name		Phone		Purchase Orders Required
Address	City	State	Zip Code	
Name		Phone		Payment Method
Address	City	State	Zip Code	
Name		Phone		Tax Exempt (Attach Certificate)
Address	City	State	Zip Code	

BANK REFERENCES

Name		Account Number			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Address	City	State	Zip Code	Phone	
Name		Account Number			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Address	City	State	Zip Code	Phone	

NAME OF OWNERS, OFFICERS OR PERSONS RESPONSIBLE FOR ACCOUNT

Name, Home Address	Phone Number	Title (If Corporation)	Social Security Number

Applicant's signature attests financial responsibility, ability and willingness to pay within terms **1% 10 Net 30**. Customer agrees to pay finance charges which may be assessed and all costs, including attorney's fees, incurred in the collection of any unpaid amount. Litigation will be in the state of New York. Returned check charge is **\$25.00**.

The undersigned personally and unconditionally guarantees the prompt payment of all amounts owing at any time, and from time to time, from Applicant to Zenger Group.

I hereby certify that I am authorized to make application for credit for the above named corporation, partnership, or proprietorship and the information is warranted to be true. I give permission to your company to investigate and verify my credit record and furnish information concerning this account to credit reporting agencies or others who may properly receive this information.

Signed _____ Title (If Corporation) _____ Date _____

To be completed by Credit Department

Credit Approval _____ Credit Line \$ _____ Sism# _____ Date _____