



CREDIT APPLICATION

Complete This Form and Send to DonnPaul Graphix, LLC

MAIL TO: 1520 SW Eagles Pkwy. * Grain Valley, MO 64029 FAX TO: (816) 847-4324

BUSINESS INFORMATION

LEGAL BUSINESS NAME:	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	DATE:
ADDRESS:	PHONE:	FAX:
E-MAIL:		
CITY:	STATE:	ZIP CODE:
SHIPPING ADDRESS	STATE:	ZIP CODE:
TYPE OF BUSINESS:	YEARS IN BUSINESS:	
TYPE OF CREDIT: <input type="checkbox"/> COD <input type="checkbox"/> COMPANY CHECK <input type="checkbox"/> NET 10 <input type="checkbox"/> NET 30	DESIRED CREDIT LIMIT:	

CREDIT INFORMATION

NAME:	ADDRESS:	CITY/STATE/ZIP:	PHONE:	ACCOUNT NUMBER

BANK REFERENCES

NAME:	ADDRESS:	CITY/STATE/ZIP:	PHONE:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		ACCOUNT NUMBER:	
NAME:	ADDRESS:	CITY/STATE/ZIP:	PHONE:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		ACCOUNT NUMBER:	

COMPLETE THIS SECTION IF YOU ARE A SUBSIDIARY

NAME OF PARENT COMPANY:	
D&B RATING OF PARENT COMPANY:	DUNS NUMBER:
ADDRESS WHERE INVOICES ARE TO BE SENT (IF DIFFERENT FROM ABOVE):	

AUTHORIZATION TO RELEASE INFORMATION

APPLICANT HERBY REQUESTS THAT BANK AND CREDIT REFERENCES PROMPLY COMPLETE THE ATTACHED REQUEST FOR CREDIT INFORMATION

SIGNATURE OF APPLICANT:	PRINT NAME:
APPLICANTS POSITION:	SOCIAL SECURITY NUMBER: