

Please return completed credit application  
By Fax: 717-930-4459  
By Mail: PO Box 358, Middletown, PA 17057  
By Email: accounting@aplusmailingsolutions.com



## APPLICATION FOR CREDIT

Name of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Sole Proprietorship     Partnership     Corporation     LLC

How long in business? \_\_\_\_\_ Tax Exempt# \_\_\_\_\_

(Please send copy of Tax Exemption Certificate)

### References:

Bank Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Trade References:

a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

b) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

c) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Customer agrees that they will be responsible and liable for all bills due. If credit is granted, customer promises to pay bills when rendered. All invoices are payable 15 days from receipt and a service charge of 1.5% per month may be added to past due accounts in the event payment is not made. **Regardless of credit approval, postage is due prior to mailing of the job.** If the account is referred to a collection agency, customer agrees to pay all costs of collection. If legal action is required, customer agrees to pay reasonable attorney's fees resulting from such action.

This is to certify that all of the above information is correct and that I understand and accept the Terms and Conditions as explained on this application and on the Terms and Conditions document provided. I also certify that I am authorized to enter into such agreement on behalf of this company or organization.

\_\_\_\_\_  
Name Title Signature Date

The following persons are authorized to sign for charges:

\_\_\_\_\_  
Name Title Signature Date

\_\_\_\_\_  
Name Title Signature Date