



30-30 47th Avenue, Suite 535
 Long Island City, NY 11101
 www.gsbdigital.com

APPLICATION FOR CREDIT

PLEASE TYPE OR PRINT CLEARLY

LEGAL COMPANY NAME	TYPE OF COMPANY	
BILLING ADDRESS	SHIPPING ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	
SEND INVOICES TO	SEND STATEMENTS TO	
COMPANY PHONE #	A/P PHONE #	
COMPANY FAX #	A/P FAX #	
NAME OF PRESIDENT, C.E.O., OWNER(S), PARTNER(S):	CREDIT CARD# & EXP. DATE (to be left on file as collateral)	
CREDIT REQUIREMENTS: Estimated credit line required \$ _____	Note: You can help us by attaching a copy of your latest financial statement (Income and balance sheet).	
TYPE OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Division <input type="checkbox"/> Wholly Owned Subsidiary	DATE STARTED	FEDERAL TAX ID#
PARENT COMPANY	TAX EXEMPT (ST120 OR ST 121 REQUIRED) Y <input type="checkbox"/> N <input type="checkbox"/>	
PERSONS ALLOWED TO CHARGE ON THIS ACCOUNT		P.O. REQUIRED? Y <input type="checkbox"/> N <input type="checkbox"/>

The applicant and undersigned agree that in consideration for establishing an account, all charges will be paid in full within 30-day terms. In addition, if the account becomes delinquent, the applicant agrees to pay a service charge on the unpaid balance equal to 1.5% per month. If the account must be referred to a collection agency, attorney or any third party, the applicant and the undersigned agree to pay all costs and expenses incurred (including reasonable attorneys fees.) Post-audit claims for more than 30 days prior will not be accepted, and must be repaid.

The above information as well as that given on the reverse side is relied upon by GRAPHICS SERVICE BUREAU Credit Department for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility. Be assured that GRAPHICS SERVICE BUREAU will treat all information you provide in a confidential manner and will use it only for the purpose of evaluating your request for credit. Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with the terms of Net 30 days and within conditions stated on the reverse. Principal's or Officer's Signature required to attest to the above information.

_____	_____
TYPE OR PRINT NAME	TITLE
_____	_____
SIGNATURE	DATE

FOR OFFICE USE ONLY	
Date Approved _____	Sales Representative _____
Credit Amount \$ _____	Authorized by _____
Comments _____	

BANK REFERENCE

Bank Name _____ Account # _____

Street Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone # _____ Fax # _____

To: GRAPHICS SERVICE BUREAU Credit Manager

In consideration of our Credit Application, we furnish the following preliminary credit references:

THREE (3) MAJOR TRADE REFERENCES (Fax # will expedite processing)

Company Name _____ Account # _____

Street Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone # _____ Fax # _____

Company Name _____ Account # _____

Street Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone # _____ Fax # _____

Company Name _____ Account # _____

Street Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone # _____ Fax # _____

CREDIT INFORMATION RELEASE

I authorize my bank and all trade references listed on this application to release and/or verify credit information.

Signed _____ Date _____

Print _____ Title _____

