

PressSense® Credit Application

The TOTAL Print Solution

COMPANY INFORMATION

Company Name _____

Address _____

City _____

State _____

Zip _____

Phone# _____

Fax# _____

Main Contact _____

Phone _____

Email _____

Type of Business

Sole Owner

Partnership

Corporation

Years in Business _____

FEIN/SSN# _____

Tax State Illinois / Michigan / New Jersey /Ohio / Wisconsin Taxable?

Yes

No

If Taxable in Wisconsin please provide your County Information.

If Tax Exempt please provide Tax Exempt Information.

PARTNERS OR CORPORATE OFFICERS

President _____

Email _____

Vice President _____

Email _____

Treasurer _____

Email _____

A/P Contact _____

Email _____

BANK REFERENCE

Bank Name _____

Address _____

Contact Name _____

Phone# _____

Account# _____

TRADE REFERENCES

Reference 1 _____

Address _____

Phone# _____

Fax# _____

Account# _____

Reference 2 _____

Address _____

Phone# _____

Fax# _____

Account# _____

Reference 3 _____

Address _____

Phone# _____

Fax# _____

Account# _____

AUTHORIZATION

I certify that the above information is accurate and to be used only for opening an account.

Authorized Signature

Title

Date