

## **REQUEST FOR PAYMENT TERMS**

## **Business Information**

Dasiness informa					
Business Name:			Main Phone:		
Address:					
Federal Tax ID:			Years in Business:		
Contact Person:			Contact Phone:		
Title(s):			Email Address:		
Desired Terms					
Net	30 Desired Credit Limit:		PO is	s required	
Bank References					
Bank Name:		Account Type	y:	Account Number:	
Bank Contact:		Phone Number		Email Address:	
Trade References	s (Suppliers/Partners)				
Company 1:		Terms	::	Credit Limit:	
Contact:		Phone Number	:	Email Address:	
Company 2:		Terms	::	Credit Limit:	
Contact:		Phone Number	:	Email Address:	
Personal Guarantee					
guarantee, I pers	personal guarantee for the onally assure the payment responsible for its obligation	credit request of the credit of	sted by the abov extended by Gra	phic Fx, Inc. to the b	
Full Name:		SSN:		Date of Birth:	
Home Address:				Phone:	
Guarantor Sig	nature:	Titl	e:	Date:	
Authorization					
	norize Graphic FX, Inc. to v the references provided."	erify the infor	mation provided	on this form and to i	eceive credit
	Full Name:		Title	:	
Au	thorized Signature:		Date	:	