262 Atlantic Street, Stamford, CT 06901 TEL: (203) 967-4477 FAX: (203) 967-8072 E-Mail: info@colormatrix.net

CREDIT APPLICATION

			Telephone ()			
Exact Corporate/	Company Name					
D/B/A						
Address						
	Street and No.	City		State	Zip	
Check one:	Proprietorship	Partnership _	Corporation	Date Incorporat	ed	
President/Owner			State of Incorporation			
	For Sole Pr	oprietorship/Partne	rship Applicati	ons Only		
Home Address						
	Street and No.	City		State	Zip	
Phone #		Social Security #				
Number of years	in Business	Sales tax certificate	#			
			(You will be char	rged sales tax unless a c	opy is attached)	
Average monthly	usage \$	(For the purpos	e of establishing your lin	ne of credit.)		
We purchase on	open account from	the following: (To be co	ompletely filled ou	it)		
Name	Address	City	State	Zip Code	Telephone	
1				• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3.						
		8				
a undersioned explican	t(s) hereby agree(s) that sh	ould a credit account be apone	od and in the average of the	f 11		
such account is placed	in the hands of an agency	ould a credit account be opene or attorney for collection of leg	al action, to pay an add	itional charge equal to the	ny amount due, and ne cost of collection.	
Full Legal Name of Applicant Company			Date			
Ву:						
Signature of owner or corporate officer required				Title (officer)		
Print Name						