

THE PRINT SHOP

312 MALL BOULEVARD | SAVANNAH, GEORGIA 31406

CUSTOMER ACCOUNT APPLICATION

REV 9/14

Firm Name: _____ Today's Date: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Website: _____

Credit Card No. *: _____ Cardholder: _____ Exp. Date: _____ CVC: _____

*Must be valid for at least 6 months (Mastercard, Visa or American Express).

MUST BE FILLED OUT COMPLETELY

IF LESS THAN 2 YEARS AT PRESENT LOCATION, PREVIOUS ADDRESS:

Address: _____ City: _____ State: _____ Zip: _____

CONTACTS (Any persons authorized to sign on your account)

1. Name: _____ Phone: _____ Fax: _____ Email: _____
First Last

2. Name: _____ Phone: _____ Fax: _____ Email: _____
First Last

3. Name: _____ Phone: _____ Fax: _____ Email: _____
First Last

4. Name: _____ Phone: _____ Fax: _____ Email: _____
First Last

5. Name: _____ Phone: _____ Fax: _____ Email: _____
First Last

6. Name: _____ Phone: _____ Fax: _____ Email: _____
First Last

BUSINESS INFORMATION

Type of Business _____ Year Established: _____

How long at current address? _____ Legal Entity: Corporation Partnership Proprietorship Other: _____

PRINCIPALS (If a corporation, list names of officers and titles; if other entity, list names of partners or owners.)

Name _____ Title _____ Address, City, State, Zip _____

Name _____ Title _____ Address, City, State, Zip _____

Name _____ Title _____ Address, City, State, Zip _____

Name _____ Title _____ Address, City, State, Zip _____

Name _____ Title _____ Address, City, State, Zip _____

LOCAL VENDOR REFERENCE (Choose a vendor in which you have credit terms and at least have a credit limit similar to what you plan on spending with us each month)

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Doing Business with for how long? _____

BANK REFERENCE (Choose a current, corporate bank account that has been established for at least 6 months)

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Doing Business with for how long? _____

In consideration of credit by The Print Shop of Savannah, Inc., we _____ understand that: **A)** all accounts are due and payable within thirty (30) days of each invoice date and bear interest at a rate of 3.75% per month thereafter. I, furthermore, **B)** authorize The Print Shop of Savannah, Inc. to charge any invoice over sixty (60) days old to the credit card noted above and **C)** agree to pay all costs and reasonable attorney's fees and collection costs on all past due amounts referred to courts, an attorney or collection agency for collection.

Company Name _____ Officer or Owner _____ Signature _____ Date _____