

Application for Credit with Wells Printing Co.

Account Name: _____
Mailing Address: _____
City, State, Zip _____
Phone _____
Fax _____
Accounts Payable contact: _____

Please supply one bank and three trade references for our use.

Bank account
Bank Name _____ Contact _____

Phone _____ Fax _____

Trade account
Vendor _____ Contact _____

Phone _____ Fax _____

Vendor _____ Contact _____

Phone _____ Fax _____

Vendor _____ Contact _____

Phone _____ Fax _____

Sales Tax Exempt Number (if applicable) _____
or % Rate for your location (Ala only) _____

All accounts are payable within 30 days of invoice date. No discounts allowed.
Accounts past terms are subject to finance charge. After 60 days, account will be placed on hold
and no orders will be shipped. **In the event of non-payment, Customer will be liable for all
finance charges and any legal fees incurred.**

Owner or Authorized Purchasing Agent Signature _____

Date _____

csr/sales _____