

PRINTING SUPPLIES DIRECT

92 MAIN STREET #105, DEEP RIVER, CT, 06417

Credit Application

DATE: _____

Printing Supplies Direct
92 Main Street #105, Deep River, CT, 06417

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ FAX: _____

LEAD CONTACT: _____ YEARS IN BUSINESS: _____

Reference 1: Name: Direct Contact: Phone #: Email Address: Nature of business relation:	Reference 2: Name: Direct Contact: Phone #: Email Address: Nature of business relation:
Reference 3: Name: Direct Contact: Phone #: Email Address: Nature of business relation:	Business Bank Reference: Name: Direct Contact: Phone #: Email Address:

PSD TERMS ARE 30 DAYS FROM DATE OF SHIPMENT OF PRODUCTS. WE UNDERSTAND THESE TERMS AND AGREE TO THEM FULLY.

SIGNED: _____ TITLE: _____ DATE: _____

Please call us with any questions at 877-799-0795

Printing Supplies Direct
info@printingsuppliesdirect.com
877-799-0795