

APPLICATION**New Business Account****INKJET**
INTERNATIONAL

inkjetintl.com

972.991.4577 • 800.479.4577

972.991.5919 Fax

4443 Simonton Rd., Dallas, TX 75244

To: InkJet International, Attn: _____

Company: _____

Owner / Officer Name: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____ Website: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Organization Type: Corporation / LLC / Partnership / Proprietorship / Individual Date Established: _____

Sale Tax ID #:	FEIN:	<input type="checkbox"/> Tax exempt (Please provide copy of your tax exempt form)
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PAYMENT OPTIONS

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa / <input type="checkbox"/> Master Card / <input type="checkbox"/> American Express / <input type="checkbox"/> Discover Card #:		Expiration: /
<i>Please provide legible photocopy of the front & back of the credit card.</i>	Name on Credit Card:		Security Code:
	Billing Address:		
	City:	State:	Zip Code:

 Company Check **Credit Terms** (Please complete the sections below)**TRADE REFERENCES**

Company Name:	Company Name:
Address:	Address:
City: State: Zip Code:	City: State: Zip Code:
Contact Person:	Contact Person:
Phone: Fax:	Phone: Fax:
E-Mail:	E-Mail:

FINANCIAL REFERENCES

Bank Name:	Bank Name:
Address:	Address:
City: State: Zip Code:	City: State: Zip Code:
Contact Person:	Contact Person:
Phone: Fax:	Phone: Fax:
E-Mail:	E-Mail:

AGREEMENT

1. All invoices are to be paid within specified terms from the date of the invoice. Customer understands that InkJet will allocate an initial credit limit.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize InkJet International to make inquires into the banking and credit references you have supplied regardless whether net terms are approved or not.

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

FOR INKJET USE

Terms: Account Code:	Approved by: Date:
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