



# Application for Credit

## Linemark Printing, Inc.

501 Prince Georges Blvd, Upper Marlboro, MD 20774  
(301) 925-9000 phone • (301) 925-8943 fax

Please print each of your responses clearly.

### General Information

Firm Legal Name \_\_\_\_\_

Trade Name (if different) \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Nature of Business \_\_\_\_\_

Date Established \_\_\_\_\_

Check One:  Corporation  Partnership  
 Limited Partnership  Sole Proprietor

Federal ID # \_\_\_\_\_

SSN # \_\_\_\_\_

State of Incorporation \_\_\_\_\_

Date of Incorporation \_\_\_\_\_

Amount of Monthly Credit Requested \$ \_\_\_\_\_

Has present firm ever done business under other names or at other addresses? Yes No

If yes, what were the names and/or addresses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you exempt from sales tax? Yes No

Sales Tax Exempt/Resale # \_\_\_\_\_

If yes, a copy of your exempt or resale certificate must be attached.

Do you require the use of purchase orders? Yes No

Please list names of persons authorized to purchase for your company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Phone \_\_\_\_\_

### Principal Officers/Owners/Partners

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

SSN # \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

SSN # \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

SSN # \_\_\_\_\_



## Application for Credit (continued)

### Linemark Printing, Inc.

501 Prince Georges Blvd, Upper Marlboro, MD 20774  
(301) 925-9000 phone • (301) 925-8943 fax

Please print each of your responses clearly.

#### Bank Details

Bank Name \_\_\_\_\_  
Branch \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Contact \_\_\_\_\_  
Account # \_\_\_\_\_

#### Trade References

List vendors and printing firms with the largest monthly balances.

**NOTE: PLEASE DO NOT USE UTILITY COMPANIES, SHIPPING COMPANIES, OR XEROX.**

Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Account # \_\_\_\_\_

#### Trade References (continued)

Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Account # \_\_\_\_\_

Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Account # \_\_\_\_\_

Please complete entire form to insure prompt processing of this application.

The information in this application is true and complete. I am authorized to obtain credit for our company and you may obtain references from any of the banks or trade references we have listed. If our account should become delinquent and you are required to employ an attorney or collection agency to collect it, then we agree to pay fees incurred for such collection.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

