



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)

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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

Print Form

P&GCA
MEMBER