



COMPLETE and FAX TO: 630-428-0563
 Or SCAN and EMAIL TO:
 sales@printsations.com

NEW CUSTOMER SET UP & CREDIT APPLICATION

NEW CUSTOMER INFORMATION

Name: _____

COMPANY NAME: _____

Address: _____

City: _____	State: _____	ZIP Code: _____
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EMAIL ADDRESS: _____

PHONE: _____

Mobile Phone: _____

CREDIT CARD INFORMATION

TYPE (Visa or Mastercard)	Account Number	Expiration Date	Code on Back

Signature of applicant: _____	Date: _____
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If you prefer to call in or email your credit card information, please continue to sign this application for our files.

Credit Application Business References (to apply for N30 Terms)

1. Company Name: _____	Contact: _____
Contact Phone: _____	Contact Email: _____
2. Company Name: _____	Contact: _____
Contact Phone: _____	Contact Email: _____
3. Company Name: _____	Contact: _____
Contact Phone: _____	Contact Email: _____

All payments are due at time of delivery with check or credit card until net credit terms are established.