



# INK4LESS CREDIT APPLICATION

(for Business Accounts)

Ink4Less Accounting: 888-488-4465 x420

Email application to [acctg@ink4less.com](mailto:acctg@ink4less.com) or fax to 1 (503) 575-3735

BUSINESS CONTACT INFORMATION		
Company name:		
Company contact:		Title:
Phone:	Fax:	E-mail:
Web address:		
Primary business address:		
City:	State:	ZIP Code:
Years at current address:		Years in business:
Taxpayer ID # (TIN or SSN):		Entity type (ie, LLC):
		State registered:
BANK INFORMATION		
Bank name:		
Bank contact:		Phone:
Bank address:		
City:	State:	ZIP Code:
BUSINESS/TRADE REFERENCES		
Company name:		
Company contact:		Title:
Phone:	Fax:	E-mail:
Address:		
City:	State:	ZIP Code:
Account Terms:		
Company name:		
Company contact:		Title:
Phone:	Fax:	E-mail:
Address:		
City:	State:	ZIP Code:
Account Terms:		
Company name:		
Company contact:		Title:
Phone:	Fax:	E-mail:
Address:		
City:	State:	ZIP Code:
Account Terms:		
AGREEMENT		
<ol style="list-style-type: none"> <li>1. <b>ALL net term orders require a signed Purchase Order including a unique PO#,</b> or they will be declined.</li> <li>2. <b>Net terms apply to \$150-plus purchases only;</b> we accept all major credit cards for orders less than \$150.</li> <li>3. Invoices must be paid within 30 days from the date of the invoice.</li> <li>4. Claims arising from invoices must be made within 14 business days.</li> <li>5. By submitting this application, you authorize Ink4Less to make inquiries into the banking and business/trade references that you have supplied.</li> </ol>		
SIGNATURES		
Signature:		Signature:
Print name: _____		Print name: _____
Title:		Title:
Date:		Date: