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CREDIT APPLICATION

Company Name _____

Address _____

Telephone _____

Name of Owner _____

Type of Business _____

Number of Employees _____

Do You Expect to Have Repeat Business? _____

How Did You Hear About Howard Printing? _____

Bookkeeper _____

Please List Three Creditors, Including Address and Telephone and Contact Person

1.) _____

2.) _____

3.) _____

Name of Bank Where Business Checking Account is Held _____

Name of Banker and Account Number: _____

Tax exempt? Yes No If yes, we will send you the appropriate form to complete and return to us.

Howard Printing, Inc., is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine credit worthiness of the undersigned. The undersigned authorizes any person to give Howard Printing, Inc., any information it may have on the undersigned. Each of the undersigned authorizes Howard Printing, Inc., to answer questions about its credit experience with the undersigned. I/We agree to make payment within 30 days from the date of invoice and understand that interest at 1% per month may be rendered payable for balance owing beyond that date.

Authorized Signature(s) _____

Title(s) _____ Date _____

Witness _____ Date _____