



Application for Credit

from

The Offset House, Inc.
P.O. Box 8329, Essex, VT 05451-8329
(802) 878-4440
Fax (802) 879-4865

Sales Representative: _____

Name of company or individual Year established

Address Years at this address

City State Zip Telephone Fax

Accounts payable contact person Telephone Type of product or service

OWNERSHIP:

Corporation Partnership Individual

Name Title Home address Home telephone

Name Title Home address Home telephone

Name Title Home address Home telephone

BANKING: (See authorization to release information below)

Bank name Address Telephone No.

Contact officer Type of account Account #

TRADE REFERENCES:

Name Address Telephone No. Fax no.

Name Address Telephone No. Fax no.

Name Address Telephone No. Fax no.

Credit Terms:

Initial orders must be prepaid, unless other terms are approved. Standard terms are Net/30.

We reserve the right to modify the credit terms at our discretion.

All past due invoices are subject to a 1.50%, per month, from invoice date.

If the account is placed for collection you agree to pay all costs of collection, including reasonable attorney's fees.

By signing below, you certify that the information contained in this Application is correct and that you fully understand the credit terms. In addition, you are authorizing your trade references and Bank to release account information.

Signature Title

Name (please print) Date

Date received Date approved Initial of approving person Initial payment terms