



New Account Application

NAME OF BUSINESS (dba)	SOLE PARTNERSHIP	CORPORATION	
CORPORATION OR OTHER NAME		DATE BUSINESS FOUNDED	
STREET ADDRESS	CITY	STATE	ZIP
BILLING ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE	BUSINESS FAX	OWNER OF PLANT LOCATION	
A/P CONTACT	A/P EMAIL ADDRESS	EMAIL INVOICES: YES NO	TYPE OF ACCOUNT: OPEN COD
BANK NAME AND BRANCH	CONTACT	BUSINESS CHECKING ACCT. NUMBER	

NAME AND ADDRESS OF OFFICERS, PARTNERS, OWNERS & OTHER RESPONSIBLE PARTIES:

NAME	TITLE	RESIDENTIAL ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LIST THREE PRINCIPLE SUPPLIERS YOU HAVE DONE BUSINESS WITH FOR THE PAST YEAR.

FULL NAME	ADDRESS	PHONE#	FAX NUMBER**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I/we understand that this application is provided to establish credit with G. E. Richards Graphic Supplies and attest those any and all statements are true to the best of my knowledge. We hereby authorize all credit investigations needed to verify the statements contained herein. I/we hereby agree to the terms of net 30 days unless otherwise stated. In the event of collection, customer pays all cost and attorney fees. Any balance over 30 days is subject to a service charge of 1.5% per month (18% per annum). I/we hereby personally guarantee the prompt payment of any and all indebtedness of the applicant to the sell according to the terms noted herein. All returned checks are subject to a service charge.

SIGNATURE	TITLE	DATE
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****FAX NUMBERS MUST BE INCLUDED FOR ALL REFERENCES.
FAX COMPLETED APPLICATION TO 904-741-1909.
THANK YOU.**