

# BROMWELL PRESS — PRINTERS

*Graphics by Craftsmen — Since 1946*

6619 - 21 HARFORD ROAD — BALTIMORE, MD 21214

(410) 254-4466 / FAX: (410) 444-0416

## CREDIT APPLICATION

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Billing Address: \_\_\_\_\_  
Street City State Zip

Accounts Payable Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Estimated Monthly Amount of Credit Required from Bromwell Press: \$ \_\_\_\_\_

Date Business Established: \_\_\_\_\_

**HAS PRESENT FIRM (OR PRINCIPAL) EVER DONE BUSINESS UNDER OTHER NAMES? If yes, list:**

### CO. OWNERS OR OFFICERS:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

### ORGANIZATION STRUCTURE:

Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Union \_\_\_ Other \_\_\_\_\_ Tax Exempt\* Yes \_\_\_ No \_\_\_  
\* Please Fax or Mail Copy of Certificate

Type of Business: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal I.D. #: \_\_\_\_\_

### BANK REFERENCE:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

### CREDIT REFERENCES:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby certify that the information on this application is correct and allow you to call the references listed above to verify this information. I also agree to prompt payment in accordance with your terms (30 days net), and acknowledge your late charge policy of 1.5% per month (18% per year) on unpaid invoices. In the event payment is not made when due, we shall pay all costs of collection and/or 20% on attorneys fees. Payment to Bromwell Press will not be contingent on payments received from any third party by the organization indebted to Bromwell Press.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_