

# Johnson Printing Service

Administration Office

800-272-7742

(972) 385-9985

Fax (972) 385-2471

## Corporate Account Application

Please sign and fax to Johnson Printing Service

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

Sales Rep: \_\_\_\_\_

1. Type of account requested:  Pay from invoice, net 30 days

2. Credit limit requested: \$ \_\_\_\_\_ Estimated monthly printing volume: \$ \_\_\_\_\_

3. Are purchase orders required?  Yes  No

4. Taxable (if not taxable, please complete the appropriate Resale or Exemption Certificate)  Yes  No

5. Who can we contact if we need more information? \_\_\_\_\_

6. Firm Name \_\_\_\_\_

7. Type of business \_\_\_\_\_

Corporation  Partnership  Proprietorship  Year Established \_\_\_\_\_

8. Person to contact regarding Accounts Payable \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

Vendor References	Address	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Banking References	Phone	Account #
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that the information furnished on this page is for the purpose of obtaining business credit. Johnson Printing Service is hereby granted permission to obtain information from any of the above references.

The normal processing time for the Corporate Account Application is 1 to 2 weeks. To expedite this process, a photocopy or facsimile (FAX) of this application will be sufficient to release such information from any of the above references.

I am authorized, in my capacity, to bind my firm accordingly and agree that all accounts will be paid at your place of business within the time limits requested above.

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature