



digital printing  
marketing services  
document management

# Credit Application

www.anedigital.com

517 King Street, Charleston, SC 29403 (843) 853-5066 Fax (843) 853-0202

## Business Information

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Federal ID # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Owner, Principal, Partner Names \_\_\_\_\_

Account Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Bank Reference

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Account Type \_\_\_\_\_ Account Number \_\_\_\_\_

## Trade References (3)

1. Company \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_

2. Company \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_

3. Company \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_

Desired credit limit \$ \_\_\_\_\_

By submitting this form, I agree that the above information is true and complete and authorize A & E Digital Printing to obtain any credit information necessary to establish and maintain a credit account. I accept A & E Digital Printing's 30 day net credit terms and agree to pay all costs, including reasonable attorney fees, associated with account collection.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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