



Korman Signs INC.

HEADQUARTERS FOR TRANSPORTATION SAFETY AND FLEET GRAPHICS

3029 Lincoln Avenue • Richmond, Virginia 23228 • Phone 800-296-6050
 Fax 804-261-1040 • korman@kormansigns.com • www.kormansigns.com

CREDIT APPLICATION

Complete the following application to be considered for credit with Korman Signs. Fill out all form fields, sign, date & return to the office for approval.

Please print.

Customer Information

Company Legal Name			E.I.N. No
Other Names Under Which You Do Business			DUNS No.
If Subsidiary, Name of Parent Company			Dun & Bradstreet Rating
Street Address			Telephone
City	State	Zip	Fax
Mailing Address <input type="checkbox"/> Same as Street Address			Email
City	State	Zip	Website

Business Information

Account Payable Contact Name		Phone
Purchasing Contact Name		Phone
Description of Business		In Business Since
		Number of Locations
Please Check Business Style: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		Number of Employees
Est. Annual Purchases	Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Transfer	Annual Sales
Do you require Job Names? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require Purchase Order Numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Limit Desired

Banking References

1	<i>Bank Name</i>		<i>Contact Name</i>
	<i>Address</i>		<i>Telephone</i>
	<i>City</i>	<i>State</i>	<i>Zip</i>
	<i>Checking Account No.</i>	<i>Savings Account No.</i>	<i>Loan Account No.</i>

2	<i>Bank Name</i>		<i>Contact Name</i>
	<i>Address</i>		<i>Telephone</i>
	<i>City</i>	<i>State</i>	<i>Zip</i>
	<i>Checking Account No.</i>	<i>Savings Account No.</i>	<i>Loan Account No.</i>

Statement

Billing Terms: Net 30 days (from date of invoice)

Note: A 1½% service charge per month is assessed each month for past due balances unpaid.

The undersigned has provided the information above solely for the purpose of obtaining credit from Korman Signs, Inc. and certifies that said information is accurate and complete. The undersigned agrees to and accepts the stated billing terms, and will faithfully comply with them and understands the interest service charge for past due balances unpaid.

Korman Signs, Inc. is hereby authorized to contact and investigate listed references to establish applicant's credit record and qualifications for having credit extended and that information will be reported to the proper persons at Korman Signs, Inc. who confidentially will process the performance of this applications for credit.

Date

Name of Company Official
(Print)

Title
(Print)

Signature

THIS SPACE FOR OFFICE USE ONLY

Credit Approved By _____ Credit Limit \$ _____ Date _____