

DATE: \_\_\_\_\_ Will you pay sales tax? \_\_\_\_\_ (If answer is no, Certificate of Resale must be attached.)

Business Name \_\_\_\_\_ New Hermes Account Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION PARTNERSHIP PROPRIETORSHIP  INDIVIDUAL

Date established \_\_\_\_\_ No. of Employees \_\_\_\_\_ Accts. Payable Manager \_\_\_\_\_ Buyer's Name \_\_\_\_\_

Name (President) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Name (Vice-President) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Name (Treasurer) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Bank Name \_\_\_\_\_ Telephone \_\_\_\_\_

Bank Address \_\_\_\_\_ Account Representative \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Account Nos. \_\_\_\_\_

Line of Credit Requested \_\_\_\_\_

REFERENCES:

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**IMPORTANT:** Our terms are Net 30 from Date of Invoice. An interest charge of 1.5% per month (18% per Annual) will be added to any outstanding balance on accounts not paid in full within 60 days of billing. All attorney fees and collection expenses to be paid by the buyer. I (we) certify that the above information is true and correct and that we can and will comply to the above terms. I (we) authorize information pertaining to our credit and financial position to be released to Accent Signage Systems, Inc.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

References Checked By \_\_\_\_\_ Date \_\_\_\_\_ Credit Approved By \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_ Credit Refused By \_\_\_\_\_ Date \_\_\_\_\_