



CREDIT APPLICATION

12450 Oliver Ave South STE. 150 Burnsville, MN 55337 USA • phone: 612-377-9156 • fax: 612-377-6747

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:
_____	_____	_____	_____	_____	Phone: FAX:
_____	_____	_____	_____	_____	Phone: FAX:
_____	_____	_____	_____	_____	Phone: FAX:
_____	_____	_____	_____	_____	Phone: FAX:

IMPORTANT: Our terms are Net 20 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 _____