

CREDIT APPLICATION

5409 Hamlet Dr. Findlay, OH 45840 • phone: 800-869-7800

DATE:	_ Will you pay sales	tax? (If ans	(If answer is no, Certificate of Resale must be attached.)					
Business Name				New Herme	s Account Number			
Street Address		City	State	Zip Code	Phone			
Billing Address		City	State	Zip Code	Phone			
TYPE OF BUSINESS:				SHIP 🗌 INI	DIVIDUAL			
Date established	No. of Employees Accts. Payable		Manager Buyer's Name		r's Name			
Name (President)	Add	ress	City	State	Zip Code	Phone		
Name (Vice-President)	Address		City	State	Zip Code	Phone		
Name (Treasurer)	Addr	ess	City	State	Zip Code	Phone		
Bank Name			Telephone					
Bank Address			Account Repres	entative				
City	State	Zip Code	Account Nos.					
Line of Credit Reques	ted							
REFERENCES:					Phone: FAX:			
Name	Address	City	State	Zip Code				
Name	Address	City	State	Zip Code				
Name	Address	City	State	Zip Code				
Name	Address	City	State	Zip Code				

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	