



P.O. Box 829
Indian Trail NC, 28079
Phone: 704-821-7503
Fax: 704-821-7509

CREDIT / ACCOUNT SET-UP APPLICATION

COMPANY NAME

BILLING ADDRESS

CITY STATE ZIP CODE

SHIPPING ADDRESS

(If different than above) CITY STATE ZIP CODE

TELEPHONE FAX

CONTACT RESPONSIBLE FOR ORDER PLACEMENT

CONTACT RESPONSIBLE FOR PAYMENT

E-MAIL ADDRESS

STARTED BUSINESS (DATE) SOLE PROPRIETOR PARTNERSHIP CORPORATION

NAME(S) OF OWNERS:

EIN or SS #

EIN or SS #

NAME OF BANK

ADDRESS OR LOCATION

TELEPHONE

BANK CHECKING ACCT #

LIST 3 ACTIVELY USED TRADE / CREDIT REFERENCES:

TELEPHONE

TELEPHONE

TELEPHONE

Personal Guarantee

In consideration of credit being extended by Business Card Express the above mentioned applicant, the undersigned guarantor(s) each contract and guarantee to the faithful payment, when due, of all accounts of the applicant for the term of this agreement.

NAME NAME

BCE PAYMENT TERMS & CREDIT POLICY - PLEASE READ CAREFULLY!

Credit must be approved by BCE. You will receive two statements per month. All charges between the 1st and the 15th of each month are due by the 25th of the same month.

By signing this document, I certify that all goods and/or services purchased from Business Card Express of Charlotte are for resale and are therefore exempt from sales tax.

SALES TAX EXEMPTION NO. (Sales tax will be added if an exemption number is not provided.)

DATE

Signature, Title