

Art-Draft Authority



CREDIT APPLICATION

Company: _____ Type of Business (Part., Corp., Prop.): _____
 Address: _____
 Telephone: _____ Fax: _____ Web Page: _____ Yrs in Business: _____
 Retailer Register Number: _____ Tax Identification Number: _____

Partners or Corporate Officers

Name	Title	Telephone Number	E-Mail

A/P Clerk: _____ E-Mail _____ Purchasing Clerk: _____ E-Mail _____

Bank References

Bank Name	Branch	Acct Number	Telephone	Contact

Trade References

Name	Telephone	Fax	Acct Number	Contact

Please advise us if you need to purchase any equipment or material:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Engineering Equipment | <input type="checkbox"/> Engineering Materials | <input type="checkbox"/> Surveying Equipment | <input type="checkbox"/> Surveying Materials |
| <input type="checkbox"/> Art Materials | <input type="checkbox"/> Copy Services | <input type="checkbox"/> Architectural Equipment | <input type="checkbox"/> Architectural Materials |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Other | |

SALES TERMS AND CONDITIONS

- All invoices are due at presentation. Invoices for customers with credit are due 30 days from invoice date unless otherwise indicated.
- Customer is responsible to pay all expenses that Art-Draft Authority will incur in collection of debt including lawyer duties.
- Return of merchandise requires prior authorization and RMA#. Items returned will be subject to a 15% restocking charge. All returns must be in original packaging.
- Software or special orders returns are not accepted under any circumstances.
- We reserve the right to charge a finance charge of 1.5% per month which is equivalent to an annual percentage rate of 18%, on accounts past due.

BANK RELEASE/CREDIT VERIFICATION

I/We hereby authorize Art-Draft Authority, Inc. and its assigns to obtain business, as well as personal information regarding my/our credit history via banks, trade references, credit report providers and any other extenders of credit in order to determine credit worthiness. I/We certify that the above information is true. This information is to be used only for opening an account.

Sign: _____ Title: _____ Date: _____

USE FOR CREDIT DEPARTMENT ONLY

Salesperson : _____ Account Approved by: _____ Date Approved: _____
 Account Number: _____ Account Opened by: _____ Date Registered: _____