

# New Account Application

Please print in ink or type, to ensure expedient processing. If multiple accounts are required, please attach a list of company/department names, addresses and telephone numbers.

## Billing Information:

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Ext. \_\_\_\_\_ Business Fax No. \_\_\_\_\_

A/P Contact \_\_\_\_\_ President/Owner(s) \_\_\_\_\_

Purchase Order(s) Required?  Yes or  No If yes, please list specific requirements(s) \_\_\_\_\_

## Financial Information:

Tax payer ID No. (required for approval) \_\_\_\_\_ Business License No. \_\_\_\_\_ Duns No. \_\_\_\_\_

Bank Reference (must be a depository account): \_\_\_\_\_

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

Account Number \_\_\_\_\_ Fax No. \_\_\_\_\_

Have you had an account with us before?  Yes  No If yes, please give details \_\_\_\_\_

Name of Parent Company (if applicable, please attach list of subsidiaries or credit reference sheet) \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone No. \_\_\_\_\_

Trade References	Name	Address	Phone Number	Fax Number
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

## Sales Tax Exemptions (if applicable):

State law requires any organization entitled to a Sole or Use Tax exemption to provide a valid exemption/resale certificate to its vendors. Exemption from Federal or State income tax does not necessarily authorize exemption from sales tax. **Please attach the appropriate form(s) for all states and tax jurisdictions applicable to your organization.**

Type of exemption requested:  Resale  Non Profit  Government

Resale/Exemption Number(s) \_\_\_\_\_

(Attach copies for each if applicable)

I/We certify that if any tax-free purchases are used by our firm in such a way as to subject them to Sales or Use Tax, I/we will inform Creative Printing & Publishing so the proper tax can be assessed, or our firm will pay the tax due directly to the proper taxing authority as state law provides. This certification applies each time a purchase is made on our account.

\_\_\_\_\_ **Initials**

## Company Type (Check all that apply):

- Sole Proprietorship
- Partnership
- Corporation
- Professional Corporation
- Franchise
- Religious Organization
- Non Profit Organization
- Home-Operated Business
- Other \_\_\_\_\_

No. of Employees \_\_\_\_\_

## Business Information:

In Business Since (MM/YY) \_\_\_\_/\_\_\_\_

Date Incorporated (MM/YY) \_\_\_\_/\_\_\_\_

In State of \_\_\_\_\_

Nature of Your Business \_\_\_\_\_

**Authorized User(s):** Please print. If additional space is required, please list on an attached sheet using company letterhead.

Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

## Signature and Title:

Signatory has the authority to enter into contractual agreements. To the best of my/our knowledge all information provided is complete and accurate.

**I/WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ON THIS APPLICATION. I/We hereby authorize the bank references listed to accept copies of this application to release all requested credit or financial information on my/our accounts.**

Signature (required) \_\_\_\_\_

Print Name (required) \_\_\_\_\_ Title (required) \_\_\_\_\_ Date \_\_\_\_\_

Fax completed application to 407.322.1680 or mail to Creative Printing & Publishing at 2300 Old Lake Alamy Road, Sanford, Florida 32771