

# APPLICATION FOR CREDIT

## \*HOW DID YOU LEARN ABOUT ENVELOPE MART?

Magazine Ad? \_\_\_\_\_ Trade Show? \_\_\_\_\_ Referred by: \_\_\_\_\_ Other: \_\_\_\_\_  
which? which?

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

( )

PHONE \_\_\_\_\_

( )

FAX \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of:

**ENVELOPE MART USA**  
PO Box 307 | Toledo OH 43697  
419-666-0012 | Fax 1-800-569-6103

Standard Credit Terms:  
Net 30 days

Accts payable contact \_\_\_\_\_

Billing address (if different) \_\_\_\_\_

## OWNERSHIP:

The following information must be provided. It will be held in the strictest confidence.

Corporation  Check here if incorporated within the past 12 months  Partnership  Individual

1. \_\_\_\_\_  
NAME(S) OF PRINCIPAL(S) COMPLETE ADDRESS ZIP PHONE

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## FINANCE:

BANK \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_

PHONE \_\_\_\_\_

## REFERENCE:

1. \_\_\_\_\_ /  
BUSINESS NAME COMPLETE ADDRESS ZIP PHONE FAX

2. \_\_\_\_\_ /

3. \_\_\_\_\_ /

4. \_\_\_\_\_ /

Check here if cash sales are okay until credit is approved.

We certify all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_

(Title) \_\_\_\_\_