



CrystalFontz America, Incorporated

CREDIT APPLICATION
Cover Sheet

1. Please provide contact information for your Accounts Payable Department (AP Manager's name, email address, phone number, and fax number).
2. Application **must be signed**.
3. Please **attach a list of your credit references** on a separate sheet.
4. Please **attach a copy of your resellers certificate** or you may be charged sales tax.
5. Please return the completed application to accounting@crystalfontz.com.

We look forward to working with you.



CrystalFontz America, Incorporated

CREDIT APPLICATION

Please fill out completely. Incomplete applications may be rejected.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

AP Manager: _____ AP Phone: _____

AP Manager Email: _____ Electronic Invoice Address: _____

Business Organization: Sole Owner Partnership Corporation Other

Type of Business: _____ Years in Business: _____

State Resale #: _____ Federal ID #: _____

Amount of Credit Requested: _____ Annual Sales: _____ # of Employees: _____

Company Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Banker/Contact and Phone: _____

**** Please attach a list of Credit References on separate sheet ****

- Applicant hereby applies for credit from CrystalFontz America Inc. (Creditor), and agrees to be bound by all of the terms and conditions contained in this credit application. Applicant agrees to pay for purchases of goods and services according to the terms of Creditor currently in force at the time of each order, which are posted at <http://www.crystalfontz.com/policies/> and which supersede any sales agreement, purchase order, or other document that may have different terms than those of Creditor, unless Creditor specifically agrees to different terms in writing.
- Creditor reserves the right to terminate credit and delivery accommodations at its sole discretion. Applicant agrees to be responsible for all collection costs and attorney's fees incurred in connection with the collection of any delinquent amount. This agreement shall be governed by and construed in accordance with the laws of the State of Washington with venue only in the County of Spokane.
- Creditor is authorized to check bank and credit references, and to obtain any commercial and consumer credit reports that Creditor deems necessary to determine credit worthiness of applicant or their business.
- Persons signing this application certify that all information contained in this application and any attachment or amendment is true, correct, and complete to the best of their information, knowledge, and belief.

_____	_____	_____	_____
Date	Print Name	Signature	Title

_____	_____	_____	_____
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