



ARADIUS GROUP®
Print • Direct Mail • Creative

Credit Application

GENERAL INFORMATION

OFFICERS, PARTNERS, PRINCIPALS

LEGAL NAME: _____

DBA NAME: _____

BUSINESS TYPE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

FAX: _____

E-MAIL: _____

DUNS #: _____

TYPE OF OWNERSHIP:

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION

SUBSIDIARY OF: _____

YEARS OF INCORPORATION: _____

(Leave blank if unincorporated)

IN/UNDER WHICH STATE LAWS? _____

YEARS BUSINESS ESTABLISHED: _____

IS SALES TAX APPLICABLE?

- YES NO

ARE PURCHASE ORDERS REQUIRED?

- YES NO

TO RECEIVE SALES TAX EXEMPT STATUS, REQUIRED STATE SALES TAX EXEMPTION DOCUMENT(S) OR RESALE CERTIFICATE MUST ACCOMPANY THIS APPLICATION

PERSON 1

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

PERSON 2

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

PERSON 3

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

ACCOUNTS PAYABLE CONTACT:

ACCOUNTS PAYABLE TITLE:



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BANK REFERENCE

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
BANKING OFFICER: _____
PHONE: _____
FAX: _____

AUTHORIZED RELEASE SIGNATURE

PRINTING REFERENCE

COMPANY: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
FAX: _____
PHONE: _____

OTHER TRADE REFERENCES

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
FAX: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
FAX: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
FAX: _____

STATEMENT OF CREDIT POLICY

Order(s) on an open account from a new customer cannot be completed until the credit application has been received and processed. Our terms of sale are Net 30 Days from date of invoice unless otherwise specified. However, payment of postage is required in advance of any mailing drop rate. In the event of default, the customer agrees to pay Omaha Print the amount due, including a finance charge of 1.5% per month (18% Annual Percentage Rate) plus attorney and/or collection fees.

I fully understand and agree to abide by the Aradius Group Credit Policy and terms as stated above and that the information provided above is correct to the best of my knowledge.

APPLICANT SIGNATURE

JOB TITLE

DATE