



**APPLICATION FOR
30 DAY
COURTESY ACCOUNT**

DATE _____

**NOTE: ALL QUESTIONS MUST
BE ANSWERED IF APPLICABLE
TO APPROVE CREDIT (PLEASE PRINT)**

**2239 BANKSVILLE ROAD • PITTSBURGH, PA 15216
PHONE (412) 571-0333 • FAX (412) 571-0994**

COMPANY NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FAX NUMBER _____ EMAIL _____

TYPE OF BUSINESS _____ CORPORATION

NO. OF YEARS ESTABLISHED _____ CO-PARTNERSHIP

PERSON IN CHARGE OF ACCOUNTS PAYABLE _____ INDIVIDUAL PROPRIETOR

IF A BRANCH OFFICE OR A DIVISION, GIVE NAME OF PARENT COMPANY AND HOME OFFICE

OWNER OR PRESIDENT NAME _____ RESIDENCE _____
TITLE _____ ADDRESS _____

CO-PARTNERSHIP NAME _____ RESIDENCE _____
TITLE _____ ADDRESS _____

HOME PHONE _____

HOME PHONE _____

P.O. REQUIRED
 YES
 NO

LIST PERSON(S) AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

BANK: NAME _____ CONTACT PARTY _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE CREDIT REFERENCES:

SHOWING TWO OR MORE YEARS EXPERIENCE. NOT CREDIT CARDS, UTILITIES, PERSONAL ACCOUNTS OR LANDLORDS.	NAME _____	NAME _____
	ADDRESS _____	ADDRESS _____
	CITY-STATE _____	CITY-STATE _____
	PHONE NO. _____	PHONE NO. _____
	FAX NO. _____	FAX NO. _____

We call it a "Courtesy Account", not charge account, because we are not attempting to establish an elaborate credit system, but are performing a necessary courtesy to our customers. WE DO INVOICE YOUR ACCOUNT, BUT DO NOT SEND STATEMENTS. OUR TERMS ARE STRICTLY NET! If payment for printed materials is not received within 60 days, future purchases on credit will be disallowed.

Should BANKSVILLE EXPRESS not receive payment within 30 days, in addition a late charge in the amount of 1 1/2% per month will be added. After 60 days, the purchaser agrees to pay any legal action or collection agency fees in any amount due.

Failure to complete all items, particularly full names and addresses, may result in a delay and inconvenience to you. Please be assured that all information will be held in the strictest of confidence. If you have any questions about paying or rearranging payments, please do not hesitate to call. Thank you.

BY _____ TITLE _____

DATE _____ X _____ SIGNATURE OF OWNER OR RESPONSIBLE AGENT

FOR CREDIT DEPARTMENT USE ONLY	
APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>
SIGNATURE _____	

REMARKS _____

SALES REP. _____