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Credit Application

www.anedigital.com

517 King Street, Charleston, SC 29403 (843) 853-5066 Fax (843) 853-0202

Business Information

Business Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Federal ID # _____

E-mail Address _____

Type of Business _____ Years in Business _____

Owner, Principal, Partner Names _____

Account Contact Name _____ Phone _____ Email _____

Bank Reference

Bank Name _____ Branch _____

Address _____ Phone _____

Account Type _____ Account Number _____

Trade References (3)

1. Company _____ Phone _____

Account Number _____ Contact _____

2. Company _____ Phone _____

Account Number _____ Contact _____

3. Company _____ Phone _____

Account Number _____ Contact _____

Desired credit limit \$ _____

By submitting this form, I agree that the above information is true and complete and authorize A & E Digital Printing to obtain any credit information necessary to establish and maintain a credit account. I accept A & E Digital Printing's 30 day net credit terms and agree to pay all costs, including reasonable attorney fees, associated with account collection.

Printed Name _____ Title _____

Signature _____ Date _____