



4734 Frederick Dr. SW Atlanta GA 30336
404-505-1800 Fax: 404-505-7020

Firm or Individual _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax# _____
A/P Contact _____ Phone # _____

Legal Entity Corporation ___ Partnership ___ Sole Proprietorship ___
Federal Tax ID # _____ State of Incorporation _____

Bank Reference

Bank Name _____ Account# _____
Address _____ City _____ State _____ Zip _____
Contact _____ Phone # _____ Fax# _____

Trade References

Business Name _____ Phone # _____ Fax# _____
Address _____ City _____ State _____ Zip _____

Business Name _____ Phone # _____ Fax# _____
Address _____ City _____ State _____ Zip _____

Business Name _____ Phone # _____ Fax# _____
Address _____ City _____ State _____ Zip _____

The Information herein supplied is for the purpose of obtaining services and products on credit from Express Color and Express Color is authorized to investigate the credit of the applicant.

Payments are due and payable within 30 days of delivery. Unpaid past 30 days is subject to a 2% monthly finance charge. In the event that Express Color has to place the account in collection, applicant agrees that Express Color will be entitled to reimbursement for its finance charges, collection costs and attorney fees.

By execution of this application the applicant attests to its financial responsibility and accepts Express Color terms and conditions as stated.

Signature Name Title Date