



COMPANY NAME \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ACCT. PAYABLE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
TYPE OF OWNERSHIP     PROPRIETORSHIP     PARTNERSHIP     CORPORATION  
OWNER/CHIEF OFFICE \_\_\_\_\_ TAX ID: \_\_\_\_\_ D&B \_\_\_\_\_

TRADE REFERENCES

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ DATE OPENED \_\_\_\_\_ TERMS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ DATE OPENED \_\_\_\_\_ TERMS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ DATE OPENED \_\_\_\_\_ TERMS \_\_\_\_\_

BANK REFERENCE

BANK NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

I hereby acknowledge that the above information is true to the best of my knowledge and allow Boone Printing Santa Barbara to use aforesaid information to acquire credit references for the above stated company. Please be assured that all information will be held in strict confidence.

Print Name & Title

Signature

Date

After completing this form please print, sign and fax to: 805-683-2468

CREDIT APPLICATION