



Cartamundi USA

5101 Highland Place, Dallas, TX 75236
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www.cartamundiusa.com

ACCOUNT CREDIT APPLICATION

WE WELCOME YOUR ACCOUNT AND BY GIVING US THE INFORMATION BELOW, IT WILL ASSIST US IN OPENING OR UPDATING YOUR ACCOUNT. Please fax or mail completed application in confidence to Cartamundi USA (Attn: Wanda Palmer)

FIRM _____

ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EXT. _____

Business has been under the same name (or corporate name) for at least one year Yes No A new business

If tax exempt, give exemption number _____

NAME OF PRINCIPALS IN FIRM:

_____ Title _____

_____ Title _____

_____ Title _____

ACCOUNTS PAYABLE CONTACT INFORMATION:

NAME _____ email: _____

PHONE: _____

BUSINESS CLASSIFICATION

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Advertising Agencies | <input type="checkbox"/> Association | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Advertising Production | <input type="checkbox"/> Banks & Other Financial | <input type="checkbox"/> Printed Forms Suppliers | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Builders & Developers | <input type="checkbox"/> Printers | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Clubs | <input type="checkbox"/> Publishers, Books & Other | <input type="checkbox"/> Other (Describe in detail): _____ |
| <input type="checkbox"/> Service Company | <input type="checkbox"/> Educational-Schools | <input type="checkbox"/> Professional, Legal & Other | |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Governmental Agencies | <input type="checkbox"/> Religious-Churches | |
| <input type="checkbox"/> Artists & Art Studios | <input type="checkbox"/> Insurance Companies | <input type="checkbox"/> Typographers | |

REFERENCES: In order to expedite opening your account, please give references in dollar amount comparable to line of credit being requested. Printers and graphic arts suppliers are preferred.

1. Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 e-mail: _____

3. Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 e-mail: _____

2. Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 e-mail: _____

4. BANK NAME: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Bank Officer _____
 or Dept. _____
 e-mail: _____

I hereby apply for an open account with Robert Yaquinto Printing Co., Inc., and agree to the following terms: Net – no cash discount. Payment in full is due 10 days from date of invoice, unless otherwise agreed upon.

DATE: _____ OWNER/OFFICER _____

IF THERE IS ANY CHANGE IN ABOVE INFORMATION, PLEASE INFORM US SO WE CAN KEEP YOUR ACCOUNT CURRENT. PLEASE CALL OUR BOOKKEEPING DEPARTMENT.