



**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 _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER () _____ FAX NUMBER () _____ EMAIL _____

SHIP TO: SAME _____ **BILL TO:** SAME _____

**IF P.O. BOX MUST HAVE A PHYSICAL ADDRESS ALSO*

TYPE OF BUSINESS _____ CORPORATION
NO. OF YEARS ESTABLISHED _____ CO-PARTNERSHIP
 INDIVIDUAL PROPRIETOR
IF A BRANCH OFFICE OR A DIVISION, GIVE NAME OF PARENT COMPANY AND HOME OFFICE _____

PERSON IN CHARGE OF ACCOUNTS PAYABLE _____ PHONE () _____

OWNER OR PRESIDENT

NAME _____ RESIDENCE _____
TITLE _____ ADDRESS _____
SOC. SEC. # _____ HOME PHONE _____

CO-PARTNERSHIP

NAME _____ RESIDENCE _____
TITLE _____ ADDRESS _____
SOC. SEC. # _____ HOME PHONE _____

P.O. REQUIRED
 YES
 NO

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

BANK ACCOUNTS:

CHECKING # _____
 SAVINGS # _____

NAME (CONTACT PARTY)	TELEPHONE
ADDRESS	CITY STATE ZIP

TRADE CREDIT REFERENCES:

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 NOT BILL YOU OR SEND STATEMENTS. We ask that you take your original copy of the invoice back to your shop or office and mail a check to us so that it arrives no later than 30 days from the date of the invoice. 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 REJECTED SIGNATURE _____

REMARKS _____

SALES REP. _____