



**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 \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ CORPORATION \_\_\_\_\_

NO. OF YEARS ESTABLISHED \_\_\_\_\_ CO-PARTNERSHIP \_\_\_\_\_

PERSON IN CHARGE OF ACCOUNTS PAYABLE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ RESIDENCE \_\_\_\_\_

**OWNER OR PRESIDENT** NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**CO-PARTNERSHIP** NAME \_\_\_\_\_ RESIDENCE \_\_\_\_\_  
TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_

**P.O. REQUIRED**  
YES  
NO

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

**BANK:**

NAME \_\_\_\_\_ CONTACT PARTY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**TRADE CREDIT REFERENCES:**

SHOWING TWO OR MORE YEARS EXPERIENCE.  NOT CREDIT CARDS, UTILITIES, PERSONAL ACCOUNTS OR LANDLORDS.	NAME _____	NAME _____
	ADDRESS _____	ADDRESS _____
	CITY-STATE _____	CITY-STATE _____
	PHONE NO. _____	PHONE NO. _____
	<b>FAX NO.</b> _____	<b>FAX NO.</b> _____

**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 INVOICE YOUR ACCOUNT, BUT DO NOT SEND STATEMENTS. 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 <input type="checkbox"/>	REJECTED <input type="checkbox"/>
SIGNATURE _____	

REMARKS \_\_\_\_\_

SALES REP. \_\_\_\_\_