



MANUFACTURER OF STAMPS, SEALS, SIGNS & BADGES  
 P.O. Box 12728  
 Roanoke, VA 24028  
 Phone: 540-342-4766 • 800-542-7454  
 Fax: 540-343-8518 • 800-523-7330

# CREDIT APPLICATION

## BUSINESS INFORMATION

LEGAL BUSINESS NAME		EMAIL ADDRESS FOR MAILING MTLY STATEMENT	
STREET ADDRESS		CITY/STATE/ZIP	
MAILING ADDRESS (IF DIFFERENT)	CITY/STATE/ZIP	PHONE	FAX
NATURE OF BUSINESS			YEAR STARTED
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		FED. TAX ID #	SS# (FOR INDIVIDUAL)
<input type="checkbox"/> DIVISION/SUBSIDIARY   NAME OF PARENT COMPANY: _____			

## COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME	TITLE	ADDRESS
NAME	TITLE	ADDRESS

## TRADE REFERENCES

1. NAME	ACCT #	
ADDRESS	PHONE	FAX
2. NAME	ACCT #	
ADDRESS	PHONE	FAX
3. NAME	ACCT #	
ADDRESS	PHONE	FAX

## BANK REFERENCE

BANK NAME	BRANCH	ACCT #
ADDRESS	PHONE	

The above information in this Credit Application is to be used by Roanoke Stamp in determining the amount and conditions of credit to be extended and is warranted to be true. Applicant authorizes the bank and trade references listed to release the information necessary to assist Roanoke Stamp in establishing a line of credit.

Terms: Payment is due Net Thirty (30) days from date of Invoice, unless otherwise stated on each Invoice. Further, the undersigned Applicant hereby personally guarantees payment and assumes full responsibility for all invoiced amounts advanced by way of credit to the above-referenced business. The Applicant also agrees to pay all costs of collection, including but not limited to, collection agency fees, and collection costs reasonably incurred by Roanoke Stamp. This agreement shall not be revoked except by written notice to Roanoke Stamp.

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Owner or Authorized Officer

Print Name \_\_\_\_\_ Position \_\_\_\_\_

### INTERNAL USE ONLY

\_\_\_\_\_ Account Code \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_