Prime Source
GRAPHIC IMAGING EXCELLENCE

Please send a copy of your resale or tax-exempt certificate.

Prime Source Inc.
4134 Gulf of Mexico Dr., Suite 202, Longboat Key, FL 34228 Tel: 941-387-9788 Fax: 941-387-0899

CREDIT APPLICATION

Please check here if references are attached (Signature required.) _____

Name of Business (Billing Address)

COMPANY NAME	PHONE #	FAX #
STREET		
CITY	STATE	ZIP CODE
D & B #:	TAX I.D.	

Ship To Location

STREET		
CITY	STATE	ZIP CODE

Form of Business

(Please check applicable box)

PROPRIETORSHIP		PARTNERSHIP	
CORPORATION		OTHER:	

Accounts Payable Contact

NAME	TITLE	PHONE	EMAIL

Bank Reference

BANK NAME	ADDRESS	
BANK CONTACT	FAX #	PHONE #
BANK ACCOUNT NO.		

Trade References: (Minimum of 3 are requested)

VENDOR NAME	ADDRESS	PHONE NO.	FAX NO.

I hereby represent that I am authorized to submit this application on behalf of the customer names above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Prime Source Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) may be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Customer Signature Title Date Signed

Personal Guaranty

Personal Guaranty Name _____
(Please print)
Address _____
City _____ State _____
Zip Code _____ Phone_____

Social Security Number _____

I hereby guarentee to Prime Source Inc. the payment of all sums owing on this account. Prime Source shall have the right to investigate my personal credit, employment and income records, and the right to verify my credit references in connection with this application. Prime Source shall also have the right to report the way I pay this account to the credit bureaus and other parties who may lawfully receive such information.

Personal Guaranty Signature _____ Date _____
Witness 1 _____ Date _____
Witness 2 _____ Date _____