

APPLICATION FOR OPEN CREDIT

This form can be returned to us in either of two ways:

1. Print it, fill it out, sign it, and fax it to us at 678 945-5185.
2. In Adobe Reader, click in the form fields below, enter the appropriate information, save it, and email to cathyh@graphicdimensions.net.



Company Name _____
Principal's Name _____
Federal Tax ID _____
Tax Exemption # _____ State _____
Street Address _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Fax _____
Mailing Address _____

Years in Business _____ No. of Employees _____

Georgia
7775 The Bluffs NW
Austell, Georgia 30168

Mailing Address
PO Box 44467
Atlanta, Georgia 30336

OFFICE: 678 945-5191
TOLL FREE 800 699-2978
FAX 678 945-5185

Kentucky
800 Brighton Sreet
Newport, Kentucky 41071

Mailing Address
PO Box 250
Newport, Kentucky 41072

OFFICE: 859 581-3989
TOLL FREE 800 726-3676
FAX 859 581-4090

BANK REFERENCE

Name _____
Address _____
City _____
Account No. _____

New Hampshire
49 Vose Farm Road
Peterborough, NH 03458

Mailing Address
49 Vose Farm Rd. Box 400
Peterborough, NH 03458

OFFICE: 603 924-2000
TOLL FREE 888 924-3676
FAX 603 924-2004

TRADE REFERENCES

Name _____
Address _____
Phone _____
Fax _____
Name _____
Address _____
Phone _____
Fax _____
Name _____
Address _____
Phone _____
Fax _____

Name _____
Title _____
Email _____
Date _____
Signature

If filing this document electronically, by typing your name in the above signature box, you signify that you understand and agree to the utilization of electronic document signing and thereby certify that your electronic signature is the legally binding equivalent of a traditional handwritten signature.