



CREDIT APPLICATION
Please fill out and fax back to Summit Printing

1995 West Alexander Street - West Valley City, Utah 84119 - (801) 972-2225 - Fax (801) 972-2395

BUSINESS NAME		TYPE OF BUSINESS	
ADDRESS		HOW LONG IN BUSINESS?	
CITY	STATE	ZIP	PHONE
TYPE OF OWNERSHIP: CORPORATION <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>	
LIMITED PARTNERSHIP <input type="checkbox"/>		INDIVIDUAL <input type="checkbox"/>	
		IF INDIVIDUAL - SS #	

TAX RESALE NO. _____ (Note We are required to charge tax until signed form is in our files.)

INSURANCE CARRIED (Specify): _____

BANKS

1.	Checking <input type="checkbox"/> Acct # _____ Savings <input type="checkbox"/> Acct # _____ Loan <input type="checkbox"/> Acct # _____
2.	Checking <input type="checkbox"/> Acct # _____ Savings <input type="checkbox"/> Acct # _____ Loan <input type="checkbox"/> Acct # _____

PRINCIPALS IN COMPANY (OFFICERS IF CORP.)

NAME	SOCIAL SECURITY #	ADDRESS	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent	HOME PHONE
1.				
2.				
3.				

NAME OF OFFICERS & EMPLOYEES AUTHORIZED TO SIGN (If All, Please Indicate "All")

TRADE CREDIT REFERENCES

NAME	ADDRESS	PHONE
1.		
2.		
3.		
4.		
SUPPLIER OF PRINTING AND BUSINESS FORMS		
5.		
SUPPLIER OF COMPUTER SUPPLIES & OFFICE PRODUCTS		
6.		

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