



General Business Information (Complete all fields.)	
Legal Business Name	
Business Name:	Mailing Address:
Street Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone #: () -	Phone #: () -
Fax #: () -	Fax #: () -
Federal Tax ID #: _____ Years in Business: _____	
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> Corporation <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Other _____	
Credit Requested \$: _____ Terms (Net 30 standard): _____	

Bank Reference	
Name of Bank:	Mailing Address:
City: State: Zip:	Contact: _____
Phone #: () -	Phone #: () -

Supplier Trade References (list at least 3 suppliers)			
Name:	_____	Name:	_____
Contact Person:	_____	Contact Person:	_____
Address:	_____	Address:	_____
City: State: Zip:	_____	City: State: Zip:	_____
Phone #: () -	_____	Phone #: () -	_____
Fax #: () -	_____	Fax #: () -	_____
Email:	_____	Email:	_____
Account #:	_____	Account #:	_____
Name:	_____	Name:	_____
Contact Person:	_____	Contact Person:	_____
Address:	_____	Address:	_____
City: State: Zip:	_____	City: State: Zip:	_____
Phone #: () -	_____	Phone #: () -	_____
Fax #: () -	_____	Fax #: () -	_____
Email:	_____	Email:	_____
Account #:	_____	Account #:	_____

Signature of Authorized Owner, Partner or Corporate Officer Required.

The undersigned certifies that all the information contained herein is true and correct and agrees to adhere to the credit/ service policies established by Paragon Print Systems, Inc.

By signing this document, the said customer gives Paragon Print Systems, Inc. the authority to contact the stated supplier references and review the credit history of the business checking and savings account(s).

Signature of Owner, Partner or Corporate Officer

Date

Printed Name of Signer

Title
