

950 Brookstown Avenue
Winston-Salem, North Carolina 27101
Phone (336) 727-0309 Fax (336) 722-3506



AdColor Credit Application

Name of Applicant: _____

Form of Business: Sole Proprietorship: _____ Partnership: _____ Corporation: _____

Address: _____
Street P.O. Box City/State Zip Code

Phone No.: _____ Fax No.: _____

Owners (if sole proprietorship or partnership) or **Officers** (if a corporation):

Name: _____ Title: _____

Address: _____
Street P.O. Box City/State Zip Code

Name: _____ Title: _____

Address: _____
Street P.O. Box City/State Zip Code

Trade References:

Company Name: _____ Phone No.: _____

Contact Person: _____ Fax No.: _____

Address: _____
Street P.O. Box City/State Zip Code

Company Name: _____ Phone No.: _____

Contact Person: _____ Fax No.: _____

Address: _____
Street P.O. Box City/State Zip Code

Company Name: _____ Phone No.: _____

Contact Person: _____ Fax No.: _____

Address: _____
Street P.O. Box City/State Zip Code

Are purchases for resale? Yes – Attach Form E-590/E-575 No

We will charge sales tax unless furnished with Certificate of Resale or Manufacturer's 1% Certificate.

Credit Terms: Net 21 days. Any account not paid within 30 days will be subject to a service charge of 1½ percent per month at an annual percentage rate of 18 percent. The undersigned unconditionally guarantees payment to AdColor of any and all indebtedness incurred by the above applicant. If a lawsuit is filed by AdColor to collect a debt from the applicant, I agree to pay a reasonable attorney's fee.

Signed _____ Date _____