

# CTA PRINTING Co-op

"Custom printing at reduced costs thru the power of group buying"



Save Money • Strengthen CTA • Promote your CTA Affiliation

Office Hours: Mon-Thur • 7:30am-5:30pm Fri-Sun Closed

P.O. Box 2439, Chino, CA 91708-2439

800.583.3515 • Fax: 909.984.0659 • www.ctaprintingcoop.com

For the purpose of establishing credit I, the undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

MEMBER OF:



## CREDIT APPLICATION

<b>FOR OFFICE USE ONLY</b>	TYPE OF MERCHANDISE	DATE M M / D D / Y Y
	FOR RESALE USE (IF NON-TAXABLE ATTACH RESALE PERMIT TAX CARD)	ACCOUNT NUMBER
	P.O. NO. REQUIRED YES NO	RATING
	APPROX. AMOUNT FIRST ORDER	TRADE REF. REQ. M M / D D / Y Y
	SALESPERSON	TRADE REF. RESPONSE 1 2 3

NAME OF BUSINESS	CORPORATE OR OTHER NAME (IF APPLICABLE)
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STREET ADDRESS	BUSINESS TELEPHONE
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MAILING OR BILLING ADDRESS  
(IF DIFFERENT)

SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION (GIVE STATE OF INCORPORATION)	HOW LONG IN BUSINESS?	DIVISION OR SUBSIDIARY OF
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**NAME AND ADDRESS OF OFFICERS, PARTNERS, OR OWNER**

1	FULL NAME	OWNERSHIP%	TITLE	RESIDENCE ADDRESS
2				
3				
4				

**BANKING INFORMATION**

CHECKING - BANK NAME		SAVINGS - BANK NAME		LOAN - BANK NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE		PHONE		PHONE	
ACCOUNT NUMBER	AVERAGE BALANCE \$	ACCOUNT NUMBER	AVERAGE BALANCE \$	ACCOUNT NUMBER	LOAN AMOUNT \$

**TRADE REFERENCES (GIVE ONLY THOSE YOU BUY FROM ON OPEN ACCOUNT)**

1 NAME	2 NAME	3 NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE	PHONE	PHONE

**ENCLOSE COPY OF CURRENT FINANCIAL STATEMENT (OR COMPLETE BELOW)**

**ASSETS:**

CASH ON-HAND/IN BANK \$ \_\_\_\_\_  
 RECEIVABLES DUE \$ \_\_\_\_\_  
 INVENTORY FINISHED \$ \_\_\_\_\_  
 FURN./FIXT./TOOLS \$ \_\_\_\_\_  
 BUSINESS REAL ESTATE \$ \_\_\_\_\_  
**TOTAL ABOVE: \$** \_\_\_\_\_

**LIABILITIES:**

ACCOUNTS PAYABLE \$ \_\_\_\_\_  
 TAXES PAYABLE \$ \_\_\_\_\_  
 REAL ESTATE MORT. \$ \_\_\_\_\_  
 LONG TERM DEBT \$ \_\_\_\_\_  
**TOTAL ABOVE: \$** \_\_\_\_\_

**READ BEFORE SIGNATURE:**

I/we do hereby agree to the sellers terms and conditions of sale as documented by the seller and agree to make all timely payments as due.

In case suit or action is instituted to collect any overdue portion of my/our account, I/we promise to pay such additional sum as the Court may adjudge reasonable for attorney's fee to be allowed in said suit or action.

SIGNATURE  X  \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_