



Commercial Printing & Graphic Design

807 Oliver Hill Way, P.O. Box 398, Richmond, VA 23218
Phone: 804-230-4515 • Fax: 804-230-1244 • E-mail: contact@jamesriverpress.com

credit application

Company Name: _____ Contact Name: _____
Telephone: _____ Fax: _____ E-mail: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Accounts Payable Contact: _____ Direct Phone #: _____
Business Profile: [] Corporation [] Sole Proprietorship [] Partnership
Date Business was established: _____ Number of employees: _____
Type of business: _____
Has applicant or any of its owners ever filed a petition of bankruptcy? [] Y [] N
Sales Last Year: \$ _____ Estimate this year: \$ _____ No. of locations: _____

If business is a sole proprietorship or partnership, please fill in the following information for principals:

Name: _____ Title: _____
Home Address: _____ Home Phone: _____
Name: _____ Title: _____
Home Address: _____ Home Phone: _____

We authorize James River Press to contact the accounts listed below for credit information: (Initials) _____

Bank Reference

Table with 4 columns: Bank Name, Officer Name, Phone, Fax. Row 2: Account #, Line of Credit balance, Loan type, Balance \$

Trade References

Table with 3 columns: Company Name, Fax Number (required), Phone. Rows 1, 2, 3.

Terms, conditions and guarantee

Payment in full is due within (30) days of the invoice date. Additional credit may be denied to accounts whose balances are not paid within thirty (30) days, either temporarily or permanently. James River Press reserves the right to charge interest at a rate of 1.5% per month on all balances not paid within the above stated terms. All accounts not paid within ninety (90) days may be remanded to a collection agency for further action and applicant will be responsible for paying any collection costs and legal fees. All invoices must be paid in U.S. dollars. The undersigned (Guarantor) personally guarantees the prompt and complete payment of all amounts and obligations in Applicants name.

Guarantor's Signature: _____ Title: _____ Date: _____