

ROTO-PLATE, INC.

quality printing plates and graphics since 1974

NEW ACCOUNT CREDIT APPLICATION

COMPANY INFORMATION				
Company Name:		Telephone #		
Bill to Address:		Fax #		
City, State, County, Zip:		E-mail:		
Expected Monthly Purchases:				
GENERAL INFORMATION				
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	
Year Est.		Parent Company Name:	D&B #	
	Charter Name:	State of Incorp:	Fed. ID#	
PO Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Names of Officers, Partners, Owner.				
Accounts Payable Contact:				
Phone #				
E-Mail:				
If firm has done business under another name, please list name and location below:				
CREDIT REFERENCES: (List at least 2 in the printing industry from whom you are currently purchasing/have purchased within the last year.)				
Name	Street Address	City, St.	Telephone	Fax #
BANK REFERENCES				
Name	Street Address	City, St.	Telephone	Acct #/ Branch
SALES TAX INFORMATION: (taxable yes/no) ID No.				
<input type="checkbox"/> Please ADD state and local sales tax to my invoices Please list multi-state locations and tax % ^{5.}		<input type="checkbox"/> Please OMIT state and local sales tax per attached copy of Resale Certificate #		
SIC CODE:	If primary business is not graphic arts related, please describe how you will use this product.			
Please provide a contact name, phone number and email address for follow-up questions related to sales tax matters.				
I authorize the above banks and trade references to release info to Roto-Plate, Inc.			SIGNED:	
PAYMENT TERMS: 1% Net 30			Title	Date
DO NOT USE - FOR CREDIT DEPARTMENT USE ONLY				
DATE	ACCT. #	CREDIT LIMIT \$	APPROVED BY	
Comments:				

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