

Green Mountain Graphics

CREDIT APPLICATION

division of Eastern Concepts, Ltd.

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Send to:

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sales@gmgraphics.biz

ACCOUNT NAME

Address _____ City _____ State _____ Zip _____
Tel _____ Fax _____ Email _____
Principal Business Activity _____
Ownership: Proprietorship _____ Partnership _____ Corporation _____
Years in Business _____ (NOTE: If you are tax exempt, please attach form)

ACCOUNTS PAYABLE

Payables Supervisor _____
Billing Address _____ City _____ State _____ Zip _____
Tel _____ Fax _____ Email _____

PRINCIPALS

Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____

BUSINESS BANK

Bank _____ Account Name _____
Address _____ City _____ State _____ Zip _____
Account Number _____ Account Manager _____
Tel _____ Fax _____ Email _____

TRADE REFERENCES

Company Name _____ Contact _____
Address _____ City _____ State _____ Zip _____
Tel _____ Fax _____ Email _____

Company Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Tel _____ Fax _____ Email _____

Company Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Tel _____ Fax _____ Email _____

NOTE: All information must be complete in order for us to process this application.

Authorized Signature _____ Title _____ Date _____
Amount of Credit You Are Requesting _____