



1699 market street
 san francisco, ca 94103
 1.415.552.2355
 fax 1.415.552.8172

CREDIT APPLICATION

BUSINESS INFORMATION

Business Name		Date business started:
Street		Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public School <input type="checkbox"/> Government (Local, State, Fed) <input type="checkbox"/> 501c3 <input type="checkbox"/> Other
City, State, ZIP Code		
Phone Fax		
E-mail		
Business Website		
Accounts Payable Contact		
Federal ID / Soc. Sec. #:		
Resale # (if applicable)		
Purchase Order required?	<input type="checkbox"/> yes <input type="checkbox"/> no	Estimated monthly purchases from FLAX: \$
Personnel Authorized to Charge:		

BANK INFORMATION

Bank Name:	Account #:
Street	
City, State, ZIP Code	
Phone Fax	

BUSINESS/TRADE REFERENCES

Business Name	Phone	
Street	Fax	
City, State, ZIP Code	Account #	
Business Name	Phone	
Street	Fax	
City, State, ZIP Code	Account #	
Business Name	Phone	
Street	Fax	
City, State, ZIP Code	Account #	

AGREEMENT

1. Terms are Net 30 Days from the Invoice Date.
2. Claims or disputes with shipments must be made within seven business days of receipt.
3. The undersigned authorizes FLAX art & design to obtain credit information from the supplied banking and business/trade references.

Signature	Title	
Name (printed)	Date	

Please print, complete and return via fax to 1-415-552-8172, or scan and email to cs@flaxart.com

INTERNAL USE	Approved by:	Credit Limit: \$
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