

UNITY PRINTING Business Credit Application

5848 State Route 981 • Latrobe, PA 15650-9525 • 724-537-5800 • Fax 724-539-1881 • www.unityprinting.com

Company Background

Firm Name		Type of Business	Established
Billing Contact	Phone Number	Fax Number	
Billing Address		City/State/Zip	
Shipping Address (if different than above)		City/State/Zip	
Email Address	Company Website	Tax Exempt? If yes, please provide tax exempt number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit Organization			
CORPORATIONS		PARTNERSHIPS	
EIN #:	EIN #:	Soc. Sec #:	
Date of Incorporation	Date Started	Date Started	
State of Incorporation	Parent Name and Address (if Subsidiary, Partnership or Sole Proprietor)		
Principal Owner or Stockholder, and Title:	Principal's Name	Principal's Phone Number	
Principal Owner or Stockholder, and Title:	Principal's Address		
Principal Owner or Stockholder, and Title:	City/State/Zip		

Commercial Trade References

Company #1	Contact Name	Phone Number
Street Address	City/State/Zip	Email Address
Company #2	Contact Name	Phone Number
Street Address	City/State/Zip	Email Address

Bank References

Bank Name	Contact Name	Phone Number
Street Address	City/State/Zip	Email Address
Checking Account #	Loan # (if applicable)	Date Opened

Authorized Signature

Print Name	Title
Signature	Date

We believe that our firm is financially able to meet any commitments we have made, and we agree to pay our invoices according to Unity Printing's terms: **NET 30 DAYS.**

INTEROFFICE USE ONLY

Date	Credit Limit	Approved By
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