

# CityGraphics

222 SW Fourth Avenue, Portland, Oregon 97204  
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## Credit Application

DATE \_\_\_\_\_

### COMPANY INFORMATION

NAME OF BUSINESS \_\_\_\_\_

OTHER NAME, IF ANY \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS, IF DIFFERENT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ESTABLISHED HOW LONG \_\_\_\_\_ BUSINESS ID # \_\_\_\_\_

### BANK INFORMATION

COMPANY NAME \_\_\_\_\_

BANK & BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHECKING ACCOUNT NUMBER \_\_\_\_\_

### TRADE & CREDIT REFERENCES

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_

THE SIGNATURE BELOW GIVES AUTHORIZATION TO RELEASE INFORMATION TO CITYGRAPHICS&IMAGING FOR ESTABLISHING A LINE OF CREDIT.

*I AGREE TO PAY 1.5% PER MONTH SERVICE CHARGE ON ANY PAST DUE BALANCE. I ALSO AGREE TO PAY ALL COLLECTION COSTS, ATTORNEY FEES, AND COURT COSTS IN THE EVENT ACTION IS TAKEN TO ENFORCE THIS AGREEMENT.*

\_\_\_\_\_  
**AUTHORIZED BY (PLEASE PRINT FULL NAME)**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**SIGNATURE**