



## Owosso Graphic Arts

151 N. Delaney Rd.  
Owosso, MI 48867  
Ph: 989-725-7112

## CREDIT APPLICATION

Email to: BreAnn@owosso.com

### APPLICATION INFORMATION

All of the following information must be provided for consideration of credit and will be held in the strictest of confidence. \*ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS THIS APPLICATION\*

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Main Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### TYPE OF OWNERSHIP

☐

Corporation

☐

Partnership

☐

Sole Proprietorship

\_\_\_\_\_ Years in Business

Federal Tax ID # \_\_\_\_\_ Or Social Security # \_\_\_\_\_

### KEY PERSONNEL

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

President \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

A/P Manager \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

A/P Man. Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

*Credit will be denied to submittals using foreign address.*

### BANK REFERENCE

Bank	Bank - Address
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Bank Officer or Department	Phone	Account Number
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### BUSINESS REFERENCES

Business Name	Account #	Phone #	Address/EMAIL
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Business Name	Account #	Phone #	Address/EMAIL
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Business Name	Account #	Phone #	Address/EMAIL
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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

*By signing this application, I agree that Owosso Graphic Arts has authorization to investigate the creditworthiness of our company.*