



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 _____

Bank Officer or Department _____ Phone _____ Account Number _____

BUSINESS REFERENCES

Business Name _____ Account # _____ Phone # _____ Address/EMAIL _____

Business Name _____ Account # _____ Phone # _____ Address/EMAIL _____

Business Name _____ Account # _____ Phone # _____ Address/EMAIL _____

Signature _____ **Printed Name** _____ **Date** _____

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