

**UNITY PRINTING COMPANY, INC.**  
1155 CLEARVIEW DRIVE  
LATROBE, PENNSYLVANIA 15650-9525  
PHONE (724) 537-5800 FAX (724) 539-1881  
www.unityprinting.com

*Confidential*

# CREDIT APPLICATION

Date \_\_\_\_\_

## Applicant Information

Firm Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Established \_\_\_\_\_.  Corporation  Partnership  Limited Partnership  Proprietorship

If incorporated, state in which incorporated \_\_\_\_\_ Fed. Tax No. \_\_\_\_\_

## Principal Owners or Stockholders:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Are you tax exempt? \_\_\_\_\_ If yes, what is your tax exempt number \_\_\_\_\_

We expect our monthly credit requirement from Unity Printing to be about \$\_\_\_\_\_.

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

Name of Bank \_\_\_\_\_ Name of Officer \_\_\_\_\_

Account No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade Reference No. 1

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade Reference No. 2

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade Reference No. 3

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**For faster processing, please include your company's financial statements.**

By: \_\_\_\_\_  
Signature & Title