

# Spectra True Colour, LLC

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[www.spectratruecolour.com](http://www.spectratruecolour.com)

## CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better.

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### CUSTOMER INFORMATION

Customer Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Owner: \_\_\_\_\_

TAX STATUS: Taxable \_\_\_\_\_ Resale \_\_\_\_\_ Government \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_

*(if your tax status is other than taxable, please include a tax exempt form.)*

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### BANK REFERENCE

Banking Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### CREDIT REFERENCES

1) Company: \_\_\_\_\_ 2) Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Comments: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_

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### Accounts Payable Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address \_\_\_\_\_

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### TERMS OF SALE

*All credit purchases shall be subject to a service charge on the 30th day of the month following the month of purchase of 1.5% per month (or a minimum charge of 50 cents for balances under \$33.30) which is an annual percentage rate of 18% applied to your previous statement balance after deducting current payments and/or credits. Collection costs, including reasonable attorney fees, shall be payable by the purchaser if the need arises to use outside collection services.*

### AUTHORIZING STATEMENT

The undersigned:

1) certifies that all information provided is true and correct

2) agrees to abide by the terms of sale specified above

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Signature (If Corp.) \_\_\_\_\_ Date: \_\_\_\_\_