

**CUSTOMER INFORMATION  
& CREDIT APPLICATION**



601 Division Street  
North Tonawanda, NY 14120  
716.692.0905 | Fax 716.693.8997  
www.impressive-imprints.com

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Preferred Shipping Method:  Best Way (UPS/In-House Delivery Svc.)  Pick up  Other \_\_\_\_\_  
How did you hear about us?  Mailing  Phone Book  Open House  Driving-By  Referral \_\_\_\_\_  
Would you like to be placed on Impressive Imprints mailing list?  Yes  No

**PRIMARY CONTACT INFORMATION:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  Email this contact Monthly Specials

**ACCOUNTS PAYABLE CONTACT INFORMATION:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  Email this contact Monthly Specials

**ADDITIONAL CONTACTS: (list Department if not specified below)**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Department:  Purchasing  A/P  Other \_\_\_\_\_  
Email Address: \_\_\_\_\_  Email this contact Monthly Specials

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Department:  Purchasing  A/P  Other \_\_\_\_\_  
Email Address: \_\_\_\_\_  Email this contact Monthly Specials

**CREDIT INFORMATION**

**CUSTOMER** is a:  Business  Non-Profit  School/Sports  Individual  Other \_\_\_\_\_  
Firm is a:  Proprietorship  Partnership  Corporation  
Years in Business: \_\_\_\_\_ Average Annual Promotional Budget: \$ \_\_\_\_\_

**CREDIT REQUESTED:**  Credit Card Payment  C.O.D.  Net 10 (must complete Page 2)  Net 30 (must complete Page 2)

**TAX STATUS:**  Taxable  Tax Exempt (must provide a tax exempt form)  Non-Profit  Resale  
 Out-of-State  Other \_\_\_\_\_

**TAX ID NUMBER:** \_\_\_\_\_ **REQUESTED LINE OF CREDIT:** \$ \_\_\_\_\_

**PREFERRED TYPE OF COMMUNICATION FOR ORDERS:**

	Email	Fax	Mail	Send to Email Address or Fax as noted:
Quotes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Accounts Payable <input type="checkbox"/> _____
Acknowledgements...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Accounts Payable <input type="checkbox"/> _____
Invoices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Accounts Payable <input type="checkbox"/> _____

**SHIP TO ADDRESS(es): if different than above**

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Attn: \_\_\_\_\_ Shipping Method:  Best Way (UPS/In-House Delivery Svc.)  
Address: \_\_\_\_\_  Pick Up  Other \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Attn: \_\_\_\_\_ Shipping Method:  Best Way (UPS/In-House Delivery Svc.)  
Address: \_\_\_\_\_  Pick Up  Other \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**If any invoices remain unpaid after 30 days,  
ALL current orders will be placed on hold until payment is received.**

**CREDIT APPLICATION**

Complete this section *ONLY* if terms for payment are requested.

**OWNER/OR PRINCIPAL OFFICERS:**

Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**CREDIT REFERENCES:**

**1.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

**2.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

**3.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

The undersigned grants permission to Impressive Imprints to inquire of the above named bank and references for credit information. The undersigned also agrees to pay for all purchases made from Impressive Imprints, owned and operated by Marketing Imprints, Inc. within the terms of the agreed terms, and in addition will pay late charges of 1.5% per month on any past due balance. In the event that the seller finds it necessary to refer a past due balance to its collection agency and/or attorney for collection, purchaser agrees to also pay all collection and/or attorney fees. Orders will not be honored on accounts not conforming to the above terms.

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

Name (printed): \_\_\_\_\_