

150 Flagship Drive, North Andover, MA 01845
TEL: 978.975.3100 800.733.1520
FAX: 978.975.0635 VNET: flagshippress.com



APPLICATION FOR BUSINESS ACCOUNT

Flagship Sales Rep _____

Firm Name: _____

Billing Address: _____

Street: _____

City/Town/State/Zip: _____

Telephone Number: _____

Fax: _____

Company Fed. Tax ID # _____ Type of Ownership: ☐ Corporation ☐ Partnership ☐ Proprietor

Name of Parent Company (if subsidiary) _____

Proprietors
Partners
or Officers
if incorporated

Name _____ Home Address _____

Name _____ Home Address _____

Name _____ Home Address _____

Year business established: _____ Name of Buyer _____

At present location since _____ Name of Bookkeeper _____

Name & Address of Present Landlord _____

Name of Bank _____ Contact: _____

Address: _____ Phone # _____

Account # _____ Type of Account: ☐ Commercial ☐ Savings ☐ Loan

Tax Status: Please check one ☐ Taxable ☐ Resale (must include Resale Certificate with application)
☐ Exempt (must include Exempt Status Form plus copy of ST-2 with application.)

How do you usually pay your bills? ☐ Discount ☐ 30 days ☐ 60 days ☐ 90 days

Average Monthly Credit requested _____ Do you require PO # _____ Overs accepted Yes ☐ (_____ %) No ☐

References: please list **four** trade references including two printers, if possible:

Name _____ Contact _____ Fax _____

Address _____ Phone _____

Name _____ Contact _____ Fax _____

Address _____ Phone _____

Name _____ Contact _____ Fax _____

Address _____ Phone _____

Name _____ Contact _____ Fax _____

Address _____ Phone _____

Signed _____ Title _____

Officer of the Firm

Date _____

FLAGSHIP PRESS, INC. CREDIT TERMS: NET 30 DAYS. OTHER TERMS BY AGREEMENT