

Legal Business Name _____ Sales Rep _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Website _____ Year Incorporated _____
 Nature of Business _____ Has applicant been involved in a bankruptcy? _____

ACCOUNTS PAYABLE CONTACT (REQUIRED)		
Name _____	Tel _____	Fax _____
Title _____	Email _____	
BILLING CONTACT (REQUIRED)		
Name _____	Tel _____	Fax _____
Title _____	Email _____	

BANK REFERENCE

Bank Name _____ Acct# _____
 Contact _____
 Email _____
FAX Req'd. _____ **TEL Req'd.** _____

MEDIA REFERENCES

Co. Name _____
 Contact _____
 Email _____
FAX Req'd. _____ **TEL Req'd.** _____

Co. Name _____
 Contact _____
 Email _____
FAX Req'd. _____ **TEL Req'd.** _____

Co. Name _____
 Contact _____
 Email _____
FAX Req'd. _____ **TEL Req'd.** _____

Co. Name _____
 Contact _____
 Email _____
FAX Req'd. _____ **TEL Req'd.** _____

I authorize the release of information from our bank, media, and trade references regarding balances and credit history to AD·INK LLC.

OFFICER SIGNATURE REQUIRED _____

PRINT NAME _____ **TITLE** _____

LEGAL COMPANY NAME _____

FAX _____ **TEL** _____

EMAIL _____ **DATE** _____

AD·INK INTERNAL USE

Date Opened _____
 Average Balance _____
 Presence of NSF _____
 Status _____

AD·INK INTERNAL USE

DB Since _____ High Credit _____
 Terms _____
 Payment History _____

DB Since _____ High Credit _____
 Terms _____
 Payment History _____

DB Since _____ High Credit _____
 Terms _____
 Payment History _____

AD·INK INTERNAL USE

DB Since _____ High Credit _____
 Terms _____
 Payment History _____

<u>AD·INK INTERNAL USE ONLY:</u>	
Issue Start: _____	Schedule: _____
Terms _____	
Net Amount: _____	
Months: _____	
Credit Limit: _____	
Approved: _____	Date: _____

RETURN TO: Credit Manager - Fax: 203.975.8102

AD·INK 1281 East Main St. Stamford, CT 06902 Tel. 203.975.8100 Fax. 203.975.8102