

# Park Place

## Printing & Promotional Products, LLC

PO Box 826 • Green Brook, NJ 08812  
Tel: 732-529-6216 • Fax: 732-909-2056  
www.parkplaceprinting.net

## CREDIT APPLICATION

MONTHLY CREDIT REQUESTED \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

TEL. \_\_\_\_\_ FAX \_\_\_\_\_

**CHECK ONE** \_\_\_\_\_ Proprietary \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC Month/Year Established \_\_\_\_\_

**PRINCIPALS / OFFICERS OF COMPANY** \_\_\_\_\_ TITLE \_\_\_\_\_

\_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

\_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### BANK REFERENCES

NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

BANK NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_ TEL \_\_\_\_\_

### TRADE REFERENCES

NAME ADDRESS CITY / STATE / ZIP PHONE

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

I authorize you to obtain such information as you may require concerning the statements made in this application and agree that the application, including the information furnished by me, are true and complete and are made for the purpose of obtaining credit. I, the undersigned, agree to pay all collection costs and expenses should the account be referred to an outside agent for collection. I also understand that there is a 2% late charge on past due accounts.

**PRINT NAME OF OWNER, OFFICER OR PRINCIPAL** \_\_\_\_\_ **AUTHORIZED SIGNATURE OF OWNER, OFFICER OR PRINCIPAL** \_\_\_\_\_

DATE \_\_\_\_\_ TITLE \_\_\_\_\_ **ADDITIONAL SIGNATURE OF PRINCIPAL PARTIES** \_\_\_\_\_

