color reflections
DYNAMIC DIGITAL IMAGING

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credit application

Incomplete applications will not be considered.
A cash payment will promptly release any order.

Business Name	Telephone	Fax

Business Address	PO required
	☐ Yes - *A purchase order IS required for payment*
Billing Address	☐ No - *A purchase order IS NOT required for payment*

Owner's Name	Owners SS#	Owners phone

Owner's Address

Circle/Check One:
☐ Sole Ownership ☐ Corporation ☐ Partnership ☐ LLC* *(State Issued _____)

EIN #	Operating under name

Length of Ownership (years)	Accounts Payable Contact	A/P Contact email address

Circle/Check one:
☐ Taxable ☐ NonTaxable* **** Nontaxable must be supported by completed certificate***

Bank Name	Bank Address	Account #

Trade Reference 1	Trade Reference 2	Trade Reference 3
Name	Name	Name
Street Address	Street Address	Street Address
State & Zip	State & Zip	State & Zip
Phone	Phone	Phone
Fax	Fax	Fax
Account # or contact	Account # or contact	Account # or contact
Contact's email	Contact's email	Contact's email

The completion and submission of this application does not guarantee a credit account will be established. No credit will be issued until all information has been received and approved. All sales transacted within Pennsylvania and New Jersey are charged applicable sales tax unless a properly completed sales tax exemption certificate is submitted to Color Reflections. All taxable patrons within the state of Pennsylvania are subject to Philadelphia sales tax of 7%. The undersigned agrees to guarantee the payment of all amounts due in connection with this account.

I, _____ being the owner and/or authorized agent. am duly authorized to apply for credit and to release information for the sole purpose of establishing credit and I, guarantee all payments when due. I understand invoices must be paid within established credit terms and any past due balance is subject to a charge of 1.5% per month.

Signature **Title** **Date**