

Please Submit Application to:

Email: [accounting@ldireproprinting.com](mailto:accounting@ldireproprinting.com)

Fax: (770) 922-5237

## **CREDIT APPLICATION**

**Credit Application is valid for Conyers and Marietta locations only**

*(Please fill out this application completely and allow at least two weeks for processing)*

Company Name: _____	A/P Contact: _____
Ship-to Address: _____	Bill-to Address: _____
_____	_____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	A/P Phone Number: _____
Fax Number: _____	A/P Fax Number: _____
Company E-mail: _____	A/P E-mail: _____
Company Website: _____	Type of Business: _____
President/Owner: _____	In Business Since: _____
Federal Tax ID: _____	P.O. Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated monthly purchase volume: \$\_\_\_\_\_ (average)

## **TERMS**

- Invoice Terms: Net 30 Days, \$25.00 order minimum per invoice.
- Statements will be delivered monthly via email to the A/P contact.
- Finance Charge: 1.5% per month for invoices not postmarked by the due date.

## **TRADE REFERENCE INFORMATION**

Name: _____	Name: _____
Address: _____	Address: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____

I certify that the information contained in this form is correct and authorize LDI to obtain written or oral reports from the above-listed references. Buyer recognizes seller's terms on invoices and statements and acknowledges and authorizes a finance charge of 1.5% per month on overdue invoices.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_