



CREDIT APPLICATION

Fax To: Accounting (503) 640-6152

Email: sales@MyBinding.com

Questions: (800) 944-4573

BUSINESS INFORMATION

Company Name: _____

Billing Address: _____ City: _____ State/Zip: _____

Shipping Address: _____ City: _____ State/Zip: _____

Accounts Payable Contact: _____ Phone: _____

Fax: _____ Email: _____ Years In Business: _____

Federal Tax ID#: _____ Business Entity: Corp: _____ Proprietorship: _____ Partnership: _____

Type of Business: _____ Web Address: _____

BANK / FINANCIAL INFORMATION

Bank Name: _____ Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____

Checking Acct #: _____ Savings Acct #: _____ Credit Line/Loan: _____

TRADE REFERENCES

1. Company Name: _____ Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone #: _____ Fax #: _____ Acct #: _____

2. Company Name: _____ Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone #: _____ Fax #: _____ Acct #: _____

3. Company Name: _____ Contact: _____

Address: _____ City: _____ State/Zip: _____

Phone #: _____ Fax #: _____ Acct #: _____

Authorized Signature: _____ Date: _____

I authorize the release of the above credit information to MyBinding.com, a subsidiary of Information Management Services, LLC for their use only. I understand that IMS/MyBinding.com extends Credit Terms of net 10-days unless otherwise agreed to in writing by an authorized principle of IMS/MyBinding.com.