



WhiteOak

Promotional Products
Print | Cross-Media

P.O. Box 4945
Lancaster, PA 17604-4945

Phone (717) 291-2222
Fax (717) 291-5678

CREDIT APPLICATION

NAME OF FIRM OR INDIVIDUAL

YEARS IN PRESENT BUSINESS

ADDRESS

YEARS AT THIS LOCATION

CITY

STATE

ZIP

()

AREA CODE

PHONE

INDIVIDUAL - SOCIAL SECURITY # _____ - _____ - _____

CREDIT MANAGER

TAX EXEMPTION NO.: _____

TERMS: NET 10 DAYS. ALL BALANCES OVER 10 DAYS
ARE SUBJECT TO A 1.5% FINANCE CHARGE.

BY LAW WHITEOAK MUST REQUIRE A TAX EXEMPTION FORM. PLEASE
ATTACH THIS TO THE APPLICATION. THIS COPY WILL ALLOW WHITEOAK
TO WAIVE YOUR SALES TAX DURING INVOICING.

THE FOLLOWING INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN THE STRICTEST CONFIDENCE.

CORPORATION CHECK HERE IF INCORPORATED WITHIN THE PAST 12 MONTHS PARTNERSHIP INDIVIDUAL

ACCOUNTS PAYABLE EMAIL: _____ WE PROVIDE INVOICES VIA EMAIL.

1. _____ ()

NAME(S) OF PRINCIPAL(S) COMPLETE ADDRESS ZIP PHONE

2. _____

3. _____

4. _____

BANK

BANK ADDRESS

LISTED WITH DUN & BRADSTREET

BANK OFFICER OR DEPARTMENT

PHONE

BANK ACCOUNT NUMBER(S)

PLEASE INCLUDE AT LEAST 3 SUPPLIERS WHO WILL PROVIDE YOU WITH OPEN ACCOUNT TERMS.

1. _____ ()

BUSINESS NAME COMPLETE ADDRESS ZIP PHONE

2. _____

3. _____

4. _____

By signing this application for credit, I certify that all the information on this form is correct. I agree to your credit terms and proper payment in consideration of extended credit and I authorize the Bank and Suppliers named above to disclose credit information about me to WhiteOak. In the event that it is necessary for WhiteOak to retain the services of an attorney to collect sums owing by me, I will be responsible for reasonable attorney's fees incurred in the collection.

(SIGNED) _____

DATE _____

(TITLE) _____

PLEASE DO NOT WRITE IN THE SPACE BELOW

REFERENCES CHECKED BY _____ CREDIT APPROVED BY _____

REFERENCE RESULTS _____ CREDIT REFUSED BY _____

DATE _____