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ACCOUNT SETUP / CREDIT APPLICATION

Company Name: _____	Date: _____
Billing Address: _____	Dun & Bradstreet #: _____
City, ST Zip Code: _____	Credit Card # (if applicable): _____
Purchasing Phone #: _____	Accts. Payable Contact: _____
Purchasing Email: _____	Accts. Payable Email: _____

Trade References:

Company	City/State	Phone #	Fax #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank References:

Name of Bank	Account #	Phone #	Contact Person
_____	_____	_____	_____
_____	_____	_____	_____

(We will review your credit information and contact you immediately if we encounter any difficulties with respect to the establishment of credit. All accounts will be prepaid or COD until credit is approved.)

When credit is approved we/I agree to the following conditions that all invoices be paid in accordance with the terms stated on Technigraphics invoices of 1%/10 Net 30 Days, and in accordance with the terms and conditions of the Technigraphics Limited Warranty stated below. This certificate shall be considered part of each order which may be given by the undersigned to Technigraphics of MD, Inc. unless otherwise specified upon such order. This certificate shall continue in force and effect until revoked by the undersigned. The applicant's signature authorizes release of financial status on the trade and bank references listed above, and attests to the financial responsibility, ability and willingness to pay Technigraphics invoices within the stated terms.

Owner, Officer, or Authorized Agent: _____ Date: _____
Signature

Print Name Title

LIMITED WARRANTY

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