



New Customer Information

Required Information In Red For All New Clients (including cash/up front payment only):

Company Name (as it appears on your tax return):					
Parent Company Name:					
Also Known As:		Doing Business As:		Formerly Known As:	
Type of Business:					
Web Site Address:					
Sales Tax Exempt:	<input type="checkbox"/>	If checked please attach signed exemption certificate			
****Note: Non US customer payment terms are 50% down, balance due prior to shipment.					
Location:	Address:	City:	ST:	Zip Code:	
Main					
		Ph:	Fx:		
Bill To					
(if different from above)		Ph:	Fx:		
Ship To					
(if different from above)		Ph:	Fx:		
Contacts:	Name:	Email:	Phone:	Ext:	Fax:
Accounting					
Additional Contacts (add as needed)					
Proofs To					
Form Completed By: (who we should contact with questions)					
Name:	Email:	Phone:	Ext:	Fax:	

****Please note customers not utilizing credit card or establishing a line of credit will be either cash up front, or upon approval require 50% down at time of order with balance due prior to shipment.

**Completed form(s) should be returned to: SpectraGraphics Label Systems; Attn: Accounting Department
Fax: 913-888-7377 or Email: accounting@spectragraphics.com**



Line of Credit Application

(If you do not wish to establish a line of credit please skip this page)

Processing time varies upon many factors. Please allow for these variances in your production schedule. We cannot process orders until terms are established without other payment options in place.

Required Information In Red: FORM MUST BE SIGNED FOR CREDIT REFERENCE CHECK

Customer Business Name:															
Customer Bank Name:															
Branch Office Name:															
Phone:				Fax:				Email:							
Location Address: (City, ST, Zip)															
Account Type: (Loan, Checking, Savings)								Account Number:							
****Note: Non US customer payment terms are 50% down, balance due prior to shipment.															
Trade Credit References (Please list 3 vendors you currently do business with that provide over \$5,000 credit limit)															
Full Name of Company:															
Address:						City:		ST:		Zip:					
Ph:						Fx:						Email:			
Full Name of Company:															
Address:						City:		ST:		Zip:					
Ph:						Fx:						Email:			
Full Name of Company:															
Address:						City:		ST:		Zip:					
Ph:						Fx:						Email:			
Customer Authorizations															
The undersigned authorizes and releases all banks and companies listed on this application or otherwise submitted, to furnish requested information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs and legal fees incurred by SpectraGraphics Inc. to collect delinquent balances.. <input type="checkbox"/> I will submit a signed company reference page.															
Authorized Signature:								Title:							
Printed Name:								Date:							
Personal Guarantee: In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of this guarantee shall be in writing and delivered by certified mail.															
Authorized Signature:								Title:							
Printed Name:								Date:							

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SpectraGraphics Label Systems 14701 W. 106th Street Lenexa, KS 66215

Phone: 913.888.6828 Toll Free: 800.728.6828 Fax: 913.888.7377

www.spectragraphics.com



Credit Card Authorization

- SpectraGraphics Label Systems pre-authorizes all credit card payments.
- For your security, please complete a new credit card authorization for each order.
- A 3% Bank processing fee is added to all orders processed via credit card.

***Spectragraphics Inc. secures credit card information by following the Payment Card Industry Data Security Standard (PCI DSS) Program.

Check One: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>			
Card Number:		Expiration:	
Security Code:			
Name on Card:			
Business Name:			
Card Billing Address (as shown on billing statement):		Address:	
		City:	ST:
		Zip:	
Authorized Signature:			
Printed Name:		Date:	

Credit Card Authorization requires manual signature, please print, sign and fax or scan/email.

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