



PRICE-LESS INKJET CARTRIDGE CO.
 3890-B TAMIAMI TRAIL
 PORT CHARLOTTE, FL 33952
 PHONE: 941-766-1200 FAX: 941-766-0238
[HTTP://WWW.PICINK.COM](http://www.picink.com)

Credit Application

APPLICANT INFORMATION			
Account name:	Contact person:	Phone:	Fax:
Billing address:	City:	State:	ZIP:
Shipping address:	City:	State:	ZIP:
Payment cycle:		Amount of Credit limit requested:	
E-mail address:			
Federal Employer ID:		Social Security Number:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other Please note: If Corporation, please give Federal ID # or if individual please give Social Security Number (if applicable)			
Sales Tax status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Resale Certificate Number (if applicable):		
Company Purchase Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized buyer(s):			
Name/Title:			

PLEASE PROVIDE TWO CREDIT REFERENCES; CREDIT REFERENCE 1			
Account name:	Contact person:	Phone:	Fax:
Billing address:	City:	State:	ZIP:
Account number:		Number of years:	

CREDIT REFERENCE 2			
Account name:	Contact person:	Phone:	Fax:
Billing address:	City:	State:	ZIP:
Account number:		Number of years:	

FINANCIAL INFORMATION			
Financial institution:	Contact person:	Contact number:	
Address:	City:	State:	ZIP:
Account number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Number of years:	Account number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Number of years:		
I authorize my financial institution to release information to Price-less Inkjet Cartridge Co.	Authorized Signature and Date:		

FOR COMPANY USE ONLY		
Application date:	Verified by:	Date approved:
Account number assigned:	Price-less Inkjet payment terms:	



PRICE-LESS INKJET CARTRIDGE CO.
 3890-B TAMIAMI TRAIL
 PORT CHARLOTTE, FL 33952
 PHONE: 941-766-1200 FAX: 941-766-0238
[HTTP://WWW.PICINK.COM](http://www.picink.com)

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Price-less Inkjet Cartridge Company, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

Credit Policy: Statements are rendered as net 25 days. C.O.D. restrictions may be placed on any past due account.

Credit Terms: All invoices are due net 25 days. A service charge of 12% per month, or (18% annually) or the highest legal rate, may be assessed on delinquent invoices.

Venue: All amounts due for purchases from Price-less Inkjet Cartridge Co. are payable at Price-less Inkjet Cartridge Co. 3890-B Tamiami Trail, Port Charlotte, Florida 33952. It is further agreed that this agreement is entered into in the State of Florida and is governed by the laws of the State of Florida.

Change of Ownership: I/We understand that we must notify Price-less Inkjet Cartridge Co. in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

APPLICANT’S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Firm Name _____

By: _____ **Title** _____