

Corporate Account Application

800-272-7742

(972) 385-9985

Fax (972) 385-2471

Please fax to Johnson Printing Service



JOHNSONPRINTINGSERVICE

Account Application

Date: _____

Sales Rep: _____

1. Firm Name _____

2. Billing Address _____ Phone # _____

3. City _____ State _____ Zip _____

4. Type of Business:

☐ Corporation ☐ Partnership ☐ Proprietorship Year Established _____

5. Are purchase orders required? ☐ Yes ☐ No

6. Taxable: ☐ Yes ☐ No (If not taxable, must have completed Texas Resale/Exemption Certificate)

7. Who can we contact if we need more information? _____

8. Type of account requested:

☐ COD

☐ Pay by Credit Card: (circle one) MC or VISA Card # _____

Expiration Date _____ Member Name _____

CID or CVV code (3 or 4 digit # on back of card) _____

☐ Pay from invoice net 30 days (please fill out the credit information below and sign)

Credit Terms Application

9. Credit limit requested: \$ _____ Estimated monthly printing volume: \$ _____

10. Person to contact regarding Accounts Payable _____ Phone _____

Vendor References	Phone Number / Address	Account #
1.	_____	_____
2.	_____	_____
3.	_____	_____

Banking References	Phone Number	Account #
1.	_____	_____
2.	_____	_____
3.	_____	_____

I understand that the information furnished on this page is for the purpose of obtaining business credit. Johnson Printing Service is hereby granted permission to obtain information from any of the above references. The normal processing time for the Corporate Account Application is 1 to 2 weeks. To expedite this process, a photocopy or facsimile (FAX) of this application will be sufficient to release such information from any of the above references. I am authorized, in my capacity, to bind my firm accordingly and agree that all accounts will be paid at your place of business within the time limits requested above.

Name (please print or type) _____

Title _____

Signature _____

Please Sign and Fax to 972-385-2471 or Mail to 14030 Welch Road, Dallas, Texas 75244