

**COOPERATIVE PRINTING**  
1225 North 7th Street, Minneapolis, Minnesota 55411  
Telephone 612-721-5731 Fax 612-721-5734

**CUSTOMER INFORMATION SHEET**

Name of Company (Correct Legal Name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Year Business was established \_\_\_\_\_ Number of Employees \_\_\_\_\_

Line of Business (check one)    Corporation                  Partnership                  Proprietorship

Billing address (if different than above)  
\_\_\_\_\_

Line of Credit requested \_\_\_\_\_ Tax exempt No. (please attach tax form) \_\_\_\_\_

If no tax exempt number, give social security number \_\_\_\_\_

Person to contact regarding payment of invoices \_\_\_\_\_

Owners and/or Officers are:

Name	Title	Name	Title

Please list four commercial references (including printing companies) which you are currently using with account balances equal to the amount of credit you are applying for. Please send financial statements if available.

1. \_\_\_\_\_

Name	Street	Account No.
City	State	Zip
Telephone No.	Fax No.	

2. \_\_\_\_\_

Name	Street	Account No.
City	State	Zip
Telephone No.	Fax No.	

3. \_\_\_\_\_

Name	Street	Account No.
City	State	Zip
Telephone No.	Fax No.	

4. \_\_\_\_\_

Name	Street	Account No.
City	State	Zip
Telephone No.	Fax No.	

Do you issue purchase orders?                          Yes                          No

Bank

Name of Bank		Branch Location	
Address		Telephone No.	Fax No.
Officer or Contact		Account No.	

**TERMS ARE 30 DAYS FROM INVOICE DATE UNLESS OTHERWISE ESTABLISHED**

We agree to pay all invoices promptly. We also agree to be responsible for payment of any applicable service charge for accounts over 30 days from invoice date, interest at 1.5% on the unpaid balance or maximum permitted by law, whichever is less and collection fees. We understand that if account is over 60 days we are subject to suspension of credit privileges. In addition, by signing below, we authorize release of necessary bank information to Cooperative Printing Association.

\_\_\_\_\_  
Customer's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

NOTE: This form must be completed, signed, and returned before processing your first order. All accounts not approved for open account billing must be C.O.D. Thank you.