



Wells Printing and Wells Mailing
CREDIT APPLICATION

PRINTING

MAILING

Account Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Accounts Payable Contact Name: _____ Phone _____

Supply One Bank & Three Trade References for Our Use:

Bank Account

Name: _____ Contact _____

Phone: _____ Fax: _____

Trade Accounts

Vendor: _____ Contact: _____

Phone: _____ Fax: _____

Vendor: _____ Contact: _____

Phone: _____ Fax: _____

Vendor: _____ Contact: _____

Phone: _____ Fax: _____

Sales Tax Exempt Number (if applicable) _____

****Sales Tax Exemption Certificate must be attached****

All accounts are payable within 30 days of invoice date. No discounts allowed. Accounts past terms are subject to finance charges. After 60 days, account will be placed on HOLD and NO orders will be shipped.

In the event of non-payment, Customer will be liable for all finance charges and any legal fees incurred.

Owner or Authorized Purchasing Agent Signature: _____ Date _____