

JB Foley Prtg. Co. Inc.
1469 Broad St.
Providence, RI 02905
(401) 467-3616 Tel
(401) 467-8309 Fax

email: info@jbfoley.com

Please help us by filling out the attached credit application.

To save time & inconvenience in processing your credit application, we require that **OUR** form be filled out completely and signed on the first page (by Owner). Please return the enclosed form via fax (401)-467-8309 & mail the original to the address on the top of the form. Thank you in advance for helping us serve you better.

Thank you,

Credit & Collections

The following information is required:

A COPY OF YOUR TAX EXEMPT CERTIFICATE, IF APPLICABLE

ACCOUNTS PAYABLE CONTACT_____

UPS, FED X, OR DHL NUMBER FOR BILLING SHIPMENTS _____

JB Foley Printing Co., Inc. Credit Application

Company's Name:		Contact Name:	
FIN Number:			
Bill to Address:			
City:	State:	Zip	
Ship To Address:			
City:	State	Zip	
Telephone:	Fax:		

**Number of years in business? _____ Are you rated in Dun & Bradstreet? _____ Are PO's Required? _____
 Corporation Partnership Sole Proprietorship Limited Liability Co Div of Subsidiary of _____

- The undersigned warrants that the information contained in the credit application is full, true, and correct as of the date of this application;
- The undersigned agrees to provide updated and supplemental credit information and such assurance of payment as may be required by JB Foley Printing;
- The undersigned authorizes the bank(s) and companies with which it maintains accounts and credit reporting agencies to release information to JB Foley's representatives, as they deem necessary to complete their credit investigation;
- Applicant shall pay the full amount of the invoice(s) when due, which is defined to be 30 days from the invoice date, unless otherwise specified on the invoice;
- If payment in full is not received by the due date, applicant shall owe, in addition to the invoice amount, a late payment fee of 1.5% per month, or the maximum allowed by law, on all unpaid invoices, plus costs of collection, including attorney's fees, court costs, and collection fees that JB Foley Printing Co., Inc. may incur in recovering the amount owed;
- Applicant agrees that venue and jurisdiction for any such court action shall properly be brought in a Court located in Providence, RI the principal place of business of JB Foley Printing Co. and that the Law of Rhode Island shall apply;
- Applicant acknowledges receipt of and agrees hereafter to accept JB Foley Printing Co.'s Terms and Conditions of Sale and as may also be set forth on JB Foley Printing Co.'s Invoices.

JB Foley Printing does not discriminate against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the Applicant has the capacity to enter into a binding contract); If credit is denied the applicant has the right to request in writing within 60 days the reasons for the adverse action.

NOTE: If account is authorized to purchase printing on open account, be it understood that all purchases be due and payable 30 days from the invoice date. The undersigned official, to induce the granting of credit to the above-named firm, hereby individually and jointly, personally guarantees all obligations of the applicant company to JB Foley Printing Co., Inc.

THE UNDERSIGNED HAS READ AND UNDERSTANDS ALL OF THE ABOVE:

Company Name: _____ **Date:** _____

Signature: _____ **Print Name:** _____

(OWNER) Individually & as an Officer of the Firm

After completion, please mail the application to JB Foley Prtg. Co, Inc., Attn: Credit Department, 1469 Broad St., Providence, RI 02905. If faxing, please mail the Application with original signatures after you have faxed same to the above address.

Banking

Bank:		
Account Number:		
Address:		
City:	State:	Zip
Telephone:	Fax:	

Owner Information

Name of Owner:		
Address:		
City:	State:	Zip
Telephone:	Fax:	
Social Security Number:		

Trade References

Company's Name:	Contact Name:
Address:	
City:	State: Zip
Telephone:	Fax:

Company's Name:	Contact Name:
Address:	
City:	State: Zip
Telephone:	Fax:

Company's Name:	Contact Name:
Address:	
City:	State: Zip
Telephone:	Fax:

Company's Name:	Contact Name:
Address:	
City:	State: Zip
Telephone:	Fax: