



12811 16th Avenue North • Plymouth, MN 55441
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APPLICATION FOR CREDIT

BILLING INFORMATION

Federal ID Number _____ Corporation Partnership Proprietorship

Legal Business Name _____

Trade Name _____

Type of Business _____ Business Phone _____

Address _____

City _____ State _____ Zip _____ County _____

GENERAL INFORMATION

Years in Business _____

Officers/Partners: Name _____ Title _____

Name _____ Title _____

Bank Name _____ Account Number _____

Contact _____ Phone _____

TRADE REFERENCES

Company _____ Contact _____

Address _____ Phone _____

Company _____ Contact _____

Address _____ Phone _____

Company _____ Contact _____

Address _____ Phone _____

I authorize the above named bank and trade references to release information on my accounts to Action Mailing Services, Inc. for the purpose of evaluating our creditworthiness. All information on this application is furnished on a confidential basis in support of this request to make commercial purchases on credit terms.

Authorized Signature

Title

Date