



McAdams Graphics Inc.

CUSTOMER INFORMATION AND CREDIT APPLICATION

Date: _____ Signature: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Type of Business: Corporation Partnership Individual

How Long in Business: _____

Principal Owner or Stockholder Name: _____

Accounts Payable Contact or Manager: _____

Estimated Monthly Credit Requirements: \$ _____

Primary Bank: _____ Contact Name: _____

Bank Address: _____ Account #: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Three of Your Major Suppliers:

1. Name: _____ Phone #: _____ Fax #: _____

Address: _____

2. Name: _____ Phone #: _____ Fax #: _____

Address: _____

3. Name: _____ Phone #: _____ Fax #: _____

Address: _____

Billing Information:

Company Name: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip: _____



Return Via fax to: **Alan McAdams** Fax #: 414-768-8099 Phone #: 414-768-8080

McAdams Graphics Inc. 7200 South 1st Street, Oak Creek, WI 53154

Salesman Code:

DPM SPM PRM

(Circle one)