



# Capital Disc Printing Inc.

Allow up to 2 weeks to process  
credit application.

**Phone (310) 473-0767**  
**Fax (310) 473-0787**

2030 S. Westgate Ave. • Los Angeles, CA • 90025

## CREDIT APPLICATION

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS ( NO P.O. BOXES ) : \_\_\_\_\_

PHONE : \_\_\_\_\_ FAX: \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_ OWN  LEASE

## BUSINESS INFORMATION

SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  IF CORPORATION, NO. \_\_\_\_\_ IN WHAT STATE? \_\_\_\_\_

HOW LONG IN BUSINESS? \_\_\_\_\_ IF NON-PROFIT, NO. \_\_\_\_\_ IF TAX-EXEMPT, NO. \_\_\_\_\_

HOW MUCH BUSINESS PER MONTH (IN DOLLARS) DO YOU EXPECT TO DO WITH CAPITAL DISC PRINTING Inc.? \_\_\_\_\_ *MUST BE AN AVERAGE OF \$1000 OR MORE PER MONTH*

## BANK REFERENCES

BANK NAME: \_\_\_\_\_ BRANCH LOCATION: \_\_\_\_\_ CONTACT NAME & PHONE : \_\_\_\_\_

HOW LONG WITH THIS BANK? \_\_\_\_\_ CHECKING ACCOUNT# \_\_\_\_\_ SAVINGS ACCOUNT# \_\_\_\_\_

## TRADE REFERENCES (PREFERABLY GRAPHIC ARTS & PRINTING RELATED)

NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME : \_\_\_\_\_ PHONE : \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## OFFICERS/PARTNERS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF CREDIT IS GRANTED IT IS AGREED TO PAY BILLS AS BECOME DUE. I UNDERSTAND ALL INVOICES ARE PAYABLE 30 DAYS FROM THE ISSUED DATE AND SERVICE CHARGE OF 1.5 % PER MONTH WILL BE ADDED TO ALL PAST DUE INVOICES. IN THE EVENT PAYMENT IS NOT MADE AND ACCOUNT IS REFERRED TO A COLLECTION AGENCY, APPLICANT WILL PAY ALL COSTS OF COLLECTION. IF LEGAL ACTION IS REQUIRED APPLICANT WILL PAY ALL ATTORNEY'S FEES RESULTING FROM SUCH ACTION. I AUTHORIZE THE ABOVE LISTED BANK(S) AND TRADE REFERENCES TO RELEASE TO CAPITAL DISC PRINTING INC. ANY CREDIT OR FINANCIAL INFORMATION THAT MAY REQUEST AND FURTHER AGREE IF CAPITAL DISC PRINTING INC. GRANTS CREDIT TO COMPLY WITH ABOVE TERMS OF CREDIT.

AUTHORIZED BY : \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## COMPANY / PERSONAL CREDIT CARD

VISA# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ AMERICAN EXPRESS# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARD HOLDER NAME \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

IF CUSTOMER DOES NOT PAY WITHIN 30 DAYS OF INVOICE BILLING DATE, CUSTOMER HEREBY AUTHORIZES CAPITAL DISC PRINTING INC. TO CHARGE THE FULL AMOUNT OF INVOICE BY SUBMITTING THE INVOICE AGAINST CUSTOMER'S CREDIT CARD WITHOUT CUSTOMER'S SIGNATURE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_