



# BILLING INSTRUCTIONS and APPLICATION for CHARGE ACCOUNT

8288 Telegraph Road, Suite D ♦ Odenton, Maryland 21113  
Baltimore: 410-551-2400 ♦ DC: 301-982-1200 ♦ Fax: 410-551-0292  
Email: sales@revereprinting.com ♦ Web Site: www.revereprinting.com

Date \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone #: ( \_\_\_\_ ) \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Also include street address if you use a P.O. Box*

City

State

Zip Code

Former or Out of Town Address: \_\_\_\_\_

City

State

Zip Code

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Invoices to be sent to: \_\_\_\_\_

Do you issue purchase orders? \_\_\_\_ Yes \_\_\_\_ No

Are your purchases subject to Maryland state sales tax? \_\_\_\_ Yes \_\_\_\_ No *\*If no, please complete blanket resale certificate and return with this application\**

If more than one copy of invoice is required, please indicate.

Other special instructions: \_\_\_\_\_

Average estimated monthly amount of credit required? \_\_\_\_\_

Expected Sales: Yearly \_\_\_\_\_ Monthly high \_\_\_\_\_ (Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietor \_\_\_\_)

Names, Titles, and Addresses of Principals of Business (if Sole Proprietor, List Spouse)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Has present firm (or principals) ever done business under other names? \_\_\_\_ Yes \_\_\_\_ No

If so, what were the names? \_\_\_\_\_

Person to Contact Concerning Payments: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Location: \_\_\_\_\_ Owns \_\_\_\_ Rents \_\_\_\_

Credit References: List name, complete address and phone number (including area code). *(If possible list four Annapolis, Baltimore or D.C. firms)*

1. \_\_\_\_\_  
*Name Title Address*
2. \_\_\_\_\_  
*Name Title Address*
3. \_\_\_\_\_  
*Name Title Address*
4. \_\_\_\_\_  
*Name Title Address*

Bank References: (Please give bank name, address, phone, account numbers and bank officer with whom you deal).

1. \_\_\_\_\_  
*Name Phone Address Account No. Bank Officer*
2. \_\_\_\_\_  
*Name Phone Address Account No. Bank Officer*

**NOTICE: It's Important that you Read The Following Prior To Signing**

*I hereby certify that the information on this application is correct and allow you to call the references listed above to verify this information. I also agree to prompt payment in accordance with your terms (net 30 days) and acknowledge your late charge policy of 2% per month (24% per year) on unpaid invoices. In the event payment is not made when due, we shall pay all costs of collection and/or reasonable attorney fees. Revere printing, Inc. will not invoice a second party under any circumstances unless the second party had approved and current credit established with Revere Printing, Inc. Our company adheres to the Printing Trade Customs which are also posted as a \*pdf file. Please read these conditions and sign.*

Date

Signature

Title