



Harmony Printing Company Credit Application

1200 E. Old 210 Highway • Liberty, MO 64068-9482 • Phone 816.781.1155 • Fax 816.781.5467

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Type of Ownership Corporation Partnership Sole Proprietor

Principal Owner _____ Officer & Title _____

SSN, if proprietor/partner _____ Date business started _____

Billing address (if different) _____

City _____ State _____ Zip _____

Attention line _____

Sales Tax Exemption number _____

(If purchase is exempt, please attach signed Exemption Certificate.)

Bank References

Bank Name _____

Address _____

City, State, Zip _____

Account Number _____

Phone (_____) _____

Contact _____

Trade References

Name _____

Address _____

City, State, Zip _____

Account Number _____

Phone (_____) _____

Contact _____

Trade References

Name _____

Address _____

City, State, Zip _____

Account Number _____

Phone (_____) _____

Contact _____

Trade References

Name _____

Address _____

City, State, Zip _____

Account Number _____

Phone (_____) _____

Contact _____

Application for credit is hereby requested and above references given.

Authorization is granted for Harmony Printing and Development Co. to contact the references given in order to establish credit worthiness of the applicant.

A copy of your recent audited and/or unaudited Financial Statements may be requested.

NOTE: Application must be signed by the owner or the partner. If a corporation, an officer must sign.

Signed _____

By _____ Title _____