



212 Independence Drive  
 Winchester, VA 22602  
 Phone: 540-662-6911  
 Fax: 540-722-2782

**NEW ACCOUNT APPLICATION**

**Customer Service Information**

Firm Name: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_  
 Bill to Address: \_\_\_\_\_ Ship to Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Attention: \_\_\_\_\_

Contact Regarding Payments: \_\_\_\_\_ Contact Regarding Purchases: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Method Preference:  Customer Pickup  UPS  Other \_\_\_\_\_  
 Common Carrier (Please Specify): \_\_\_\_\_

Shipping Charge Preference:  Prepay & Add  Collect  Bill 3rd Party (if drop shipped)

Special shipping/receiving instructions: \_\_\_\_\_

Sales Tax:  Exempt (must provide certificate)  Non-exempt

**Customer Background Information**

Organization Form:  Corporation  Partnership  Proprietorship

Taxpayer ID: \_\_\_\_\_

If NOT a Corporation, list Partners or Owners:

Name	Home Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Business:  Manufacturer  Wholesaler  Retailer  Service Year Est: \_\_\_\_\_

Products/Services \_\_\_\_\_

**Trade References**

Name	Address	Phone	Fax
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Bank References

Name	Address	Account #	Phone	Fax
1)				
2)				

The signature below shall be authority for banking and trade references to release credit information to Winchester Printers, Inc.

Credit Investigation Authorization

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. The undersigned authorizes Winchester Printers, Inc. to verify said information, including requesting reports from credit reporting agencies and obtaining references from trade creditors and banks. The undersigned agrees to pay Winchester Printers, Inc. invoices within agreed billing terms. In the event the undersigned fails to make payment when due and Winchester Printers, Inc. refers the undersigned's account to an attorney for collection, the undersigned agrees to pay to Winchester Printers, Inc. in addition to the amount past due and interest thereon as herein provided, all of its costs of collection, including attorneys' fees of 25% of amounts due to Winchester Printers, Inc.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Must be signature of authorized agent)

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_