



## CREDIT APPLICATION FORM

F-820-0002-E0

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-Mail Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Business was established \_\_\_\_\_

Is business incorporated ? \_\_\_\_\_

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Proprietorship

\_\_\_\_\_ Government (Please included a copy of partnership agreement if applicable)

Sales Tax \_\_\_\_\_

Exception Number \_\_\_\_\_ (Please attach copy of the Sales Tax exception Cert)



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Trade References

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of authorized buyers on this account

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

If account is authorized to purchase printing on open account, be it understood that all purchases be due and payable 30-days following date of purchase.

The undersigned official, to induce the granting of credit to the above named firm, hereby personally guarantees the company's credit and confirms the information provided to be true.

Signature \_\_\_\_\_ ( Individually and as an officer of the firm )

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