



Company _____ No. Years In Business _____
 Address _____ No. Years At Address _____
 _____ Telephone Number _____
 _____ Fax Number _____
 _____ Email Address _____

IF BILLING ADDRESS IS DIFFERENT

Firm/Individual _____ If Individual - SS# _____
 Address _____ Telephone Number _____
 _____ Fax Number _____
 _____ Email Address _____

HEREBY APPLY FOR CREDIT-CHARGE PRIVILEGES IN ACCORDANCE WITH TERM OF:

Chernay Printing, Inc.
 P.O. Box 199
 7483 South Main St.
 Coopersburg, PA 18036

TERMS: Advance payment or C.O.D. must apply to some jobs. All others will be Net 30. Unpaid items over 90 days will be subject to a 2 percent per month service charge on the outstanding principal balance. Chernay Printing, Inc. reserves the right to stop work, on any job in progress, in the event of customer's non-compliance with credit or payment terms on prior jobs or jobs in progress. Terms of payment may only be modified, in writing, by a corporate officer of Chernay Printing, Inc. These terms apply to all current and future jobs.

_____ Individual
 _____ Partnership
 Fed. I.D. # _____
 _____ Corporation
 Fed. I.D. # _____
 _____ Non-Profit Organization
 Fed. I.D. # _____

Corporations	
Incorporated in past 12 months	YES _____ NO _____
State of Incorporation	_____
Address of Main Corporate Office (if different from billing address)	_____

Name(s) of Principal(s) _____ Telephone _____
 Address _____

Principal(s) _____ Telephone _____
 Address _____

Principal(s) _____ Telephone _____
 Address _____

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL
AND WILL BE HELD IN STRICT CONFIDENCE**

CREDIT LIMIT REQUESTED: _____

REFERENCES:

Bank _____	Telephone _____
_____	Officer to Contact _____
_____	Account Numbers _____
_____	Type of Account(s) _____

TRADE REFERENCES:

Name _____	Telephone _____
_____	Fax Number _____

Name _____	Telephone _____
_____	Fax Number _____

Name _____	Telephone _____
_____	Fax Number _____

PA RESIDENTS ONLY: Are you taxable? _____ YES _____ NO
If NO, an exemption certificate must be completed and returned with this application.

We (I) certify all the information on this form is correct and that we (I) fully understand the Payment and Credit terms described above and that we (I) agree to comply with them.

Signed _____ Date _____

Title _____

PLEASE DO NOT WRITE IN THE SPACE BELOW

References check by _____
D & B _____
Bank _____
REF _____

**For PA Corporations
Call (717) 787-1057 (Corporations Bureau of PA)**

1. Are they registered as a corporation in PA _____ YES _____ NO
2. If NO, is the corporation registered as a "Fictitious Entity" in PA? _____ YES _____ NO
3. If "Fictitious Entity" who is the person that trades under that name?

4. Person spoken to at Bureau _____

Credit Limit Assigned _____

6 Month Follow-up by _____

_____ Credit Approved By _____

_____ Account No. Assigned _____

_____ Credit Denied By _____

Salesperson _____



C H E R N A Y
P R I N T I N G , I N C .
E S T A B L I S H E D 1 9 6 6

P.O. Box 199 7483 S. Main St.
Coopersburg, PA 18036
www.chernay.com

610.282.3774
610.437.6062
Fax: 610.282.2982

BANK AUTHORIZATION

The undersigned hereby authorizes _____
(name of bank)

To give a credit rating to:

Chernay Printing, Inc.
P.O. Box 199
Coopersburg, PA 18036

Our account numbers are:

Checking # _____

Savings # _____

Loan # _____

(company name)

By _____

Title _____