



**CSA Graphics, Inc. \* 1907 E University Dr \* Phoenix, AZ 85034**  
**Phone: 602.252.9299** **Fax: 602.254.2012**

**CONFIDENTIAL CREDIT APPLICATION**

**Name of Company** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State & Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Ours is a:**     Corporation    Co-Partnership     Limited Partnership    Individual Business  
**Type of business** \_\_\_\_\_ **Div/Subsidy of** \_\_\_\_\_  
**Duns No.** \_\_\_\_\_ **Resale No.** \_\_\_\_\_  
**\*For billing purposes:**     Exempt     Non-Exempt    Will vary with job requested  
**Reason for exemption** \_\_\_\_\_  
**Other Remarks:** \_\_\_\_\_  
**Does your firm require certain criteria (ie: PO #) to be met in order to pay a CSA Graphics, Inc. invoice?**  
 Yes     No    **If yes, please explain.** \_\_\_\_\_  
**Name of Bank** \_\_\_\_\_ **Bank Phone (    )** \_\_\_\_\_  
**Bank Contact** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**TRADE REFERENCES**

Name	Address, City State	Contact	Fax No.

We believe that our firm is financially able to meet any commitments we have made and we expect to pay our invoices according to your terms.

Signed by: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Invoice subject to sales tax adjustment if upon audit by Arizona Department of Revenue any change is made you will receive credit or refund or invoice for addition. We hereby certify that these goods were produced in compliance with all applicable requirement of sections 6, 7, and 12 of the Labor Standards Act as amended and of regulations and order of the United States Department of Labor, issued under section 14 thereof accounts beyond 30 days subject to one and one half (1 1/2%) per month service charge.