



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.