



ARADIUS GROUP®

CREDIT APPLICATION

Please send completed form to
Manny at mpaz@aradiusgroup.com

GENERAL INFORMATION

Legal Name _____

DBA Name _____

Business Type _____

Street Address _____

City _____

State _____ Zip _____

Mailing Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

E-mail _____

DUNS Number _____

Type of Ownership:

- Sole Proprietorship
- Partnership
- Corporation

Subsidiary of: _____

If a corporation, year of incorporation _____

In/under the laws of what state? _____

Year Business Established _____

Is sales tax applicable? YES NO

(If no, the attached resale certificate must be completed.)

Are purchase orders required? YES NO

NAMES OF OFFICERS, PARTNERS, PRINCIPALS

Person 1

Name _____

Title _____

Home Address _____

City _____

State _____ Zip _____

Person 2

Name _____

Title _____

Home Address _____

City _____

State _____ Zip _____

Person 3

Name _____

Title _____

Home Address _____

City _____

State _____ Zip _____

Accounts Payable contact _____

Accounts Payable title _____



CREDIT APPLICATION

BANK REFERENCE

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

Banking Officer _____

Authorized Release Signature

OTHER TRADE REFERENCES

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

Fax _____

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

Fax _____

PRINTING REFERENCE

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

Fax _____

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

Fax _____

Statement of Credit Policy

An order on open account from a new customer cannot be completed until the credit application has been received and processed. Our terms of sale are Net 30 Days from date of invoice unless otherwise specified. However, payment of postage is required in advance of any mailing drop date. In the event of default, the customer agrees to pay Aradiusgroup the amount due, including a finance charge of 1 ½% per month (18% per annum) plus attorney and/or collection fees.

I fully understand and agree to abide by the Credit Policy and terms as stated above and that the information provided is correct to the best of my knowledge.

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Signature _____ Date _____

Title _____