



Credit Application

Company _____ Phone Number: _____
 Street Address _____ Fax Number: _____
 City _____ State _____ Zip Code _____
 Type of Business: _____ Federal Tax ID # _____ Resale # _____

If not ordering for resale, please list county and tax rate:

If ordering for resale, please include a copy of your resale certificate with this application.

Date Business Began: _____ DUNS# _____

Have you ever filed for bankruptcy? _____ If Yes, when? _____

Credit References

Company _____ Phone Number: _____
 Street Address _____ Fax Number: _____
 City _____ State _____ Zip Code _____
 Account # _____ Contact: _____

Company _____ Phone Number: _____
 Street Address _____ Fax Number: _____
 City _____ State _____ Zip Code _____
 Account # _____ Contact: _____

Company _____ Phone Number: _____
 Street Address _____ Fax Number: _____
 City _____ State _____ Zip Code _____
 Account # _____ Contact: _____

Company _____ Phone Number: _____
 Street Address _____ Fax Number: _____
 City _____ State _____ Zip Code _____
 Account # _____ Contact: _____

**I hereby authorize the release of all credit information to Printing Technology, Inc.™
 I will be liable for reasonable collection costs & legal fees in case of default.**

Signature: _____ Date _____

Print Name: _____ Title: _____

Printing Technology, Inc.

21001 Nordhoff St., Chatsworth, CA. 91311 U.S.A.
 USA: 1-800-332-7306 Global: 1-818-576-9220 Fax: 1-818-882-3527
<http://www.ptiimaging.com> ✉ info@ptiimaging.com





Printing Technology, Inc
 21001 Nordhoff St., Chatsworth, CA 91311 USA
Office: (818) 576-9220 **Fax:** (818) 882-3527
Email: info@ptiimaging.com



Authorization to release bank Information

Company Name

Bank Name

Bank Address

City Country Postal Code

Phone Number Fax Number

Account #

To the Bank Credit Department of our Bank:

You are hereby authorized to release all relevant information concerning our account to Printing Technology, Inc. at 21001 Nordhoff Street, Chatsworth, CA. 91311, USA

Sincerely,

Authorized Signature:

Print Name and Title:

Date:

**Please complete and fax to (818) 882-3527
 or email us at info@ptiimaging.com**