



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

International Credit Application

Company Phone Number:
 Street Address Fax Number:
 City Country Postal Code
 Type of Business Email
 Contact
 Date Business Began:
 Have you ever filed for bankruptcy? Yes or No If Yes, When?

Credit References

Company	<input type="text"/>	Phone Number:	<input type="text"/>
Street Address	<input type="text"/>	Fax Number:	<input type="text"/>
City	<input type="text"/>	Postal Code:	<input type="text"/>
Country	<input type="text"/>	Contact:	<input type="text"/>
Account #	<input type="text"/>	Email:	<input type="text"/>
Company	<input type="text"/>	Phone Number:	<input type="text"/>
Street Address	<input type="text"/>	Fax Number:	<input type="text"/>
City	<input type="text"/>	Postal Code:	<input type="text"/>
Country	<input type="text"/>	Contact:	<input type="text"/>
Account #	<input type="text"/>	Email:	<input type="text"/>
Company	<input type="text"/>	Phone Number:	<input type="text"/>
Street Address	<input type="text"/>	Fax Number:	<input type="text"/>
City	<input type="text"/>	Postal Code:	<input type="text"/>
Country	<input type="text"/>	Contact:	<input type="text"/>
Account #	<input type="text"/>	Email:	<input type="text"/>

**I hereby authorize the release of all credit information to Printing Technology, Inc.™- USA
 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 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 St., 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**