



APPLICATION FOR CREDIT

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Principal Line of Work \_\_\_\_\_ # of Yrs at Address \_\_\_ # of Yrs in Business \_\_\_  
Location of Home Office \_\_\_\_\_  
Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_

Principal Members of the Firm:

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Account Number:  
Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_

Business Credit References:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Account # \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Account # \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Account # \_\_\_\_\_

Is a Purchase Order Required? \_\_\_ Yes \_\_\_ No

List Persons Authorized to Purchase: \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Are you exempt from Nebraska Sales Tax? \_\_\_ Yes \_\_\_ No  
If exempt, please complete Nebraska Department of Revenue FORM 13.

**We understand Regal's terms are NET 10<sup>TH</sup> PROX, and agree to meet these terms if credit is extended.**

**Please complete:**

**I do \_\_\_ I do not \_\_\_ authorize Regal Printing Company to obtain any information in regards to our credit information.**

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_  
Please fax this completed application to (402) 339-0454.