

New Customer Account Setup

Thank you for your interest in our products and services. To set up an account with us, please complete this form and provide us with a tax exemption certificate, if applicable. If you are applying for terms, please complete page 2.

Send to: Adrian@xpressks.com or fax to: 316-613-2946.

Company Information

Legal Name		
Doing Business As (DBA)		
Owner Name(s)		
Billing Address		
City/State/Zip		
Proprietorship Partnership		
Federal Tax ID #	Tax Exempt? No	Yes *Current tax exemption form required
Primary Billing Contact	Email	Phone
Secondary Billing Contact	Email	Phone

All invoices will be sent via e-mail

Please fill out page two to be eligible for terms. If you wish to pay by credit card, please fill out the Credit Card Authorization form.

Upon receipt of this document, an account will be set up. Payment is due upon receipt of invoice unless terms are established. Non-payment of invoices over 45 days may result in the account being placed on credit hold until the account is brought current. If not brought current, the account may be sent to collections. Late fees accrue at 1.25% per month on unpaid invoices. Any and all fees pertaining to the collection of monies owed to Xpress Signs and Graphics will be the responsibility of the Buyer. There are no discounts for early payment. All orders will be taxed unless an appropriate tax exemption form is provided. The undersigned herby certifies that he/she is duly authorized to sign this application on behalf of the applicant/buyer. Applicant states that the information given in this application is true and correct to the best of their knowledge.

Authorized Signature	
Printed Name	
Title	

Date Signed ____ / ____ / ____



Only complete this page if you wish to establish terms.

Bank Reference			
Bank Name	Account #	Contact	
Address			
City/State/Zip	Phone		
Trade Credit Reference			
Company Name	Contact		
Address			
City/State/Zip			
Trade Credit Reference			
Company Name	C	ontact	
Address			
City/State/Zip	Phc	one	
Trade Credit Reference			
Company Name	(Contact	
Address			
City/State/Zip			

Office Use Only Bank reference verified	_ Date
Trade reference verified	Date
Trade reference verified	Date