

NEW CUSTOMER CREDIT APPLICATION

**Liberty Ink and Toner
4801 Laguna Blvd Ste 105-144
Elk Grove, Ca 95758**

Toll free 1.800.745.6114 Fax 1. 866.552.4867
Email: info@libertyinkandtoner.net

Please fill out application with SIGNATURE and FAX to 1. 866.552.4867

Business name: _____

Mailing address: _____

City / State / Zip Code: _____

Phone / Fax Number: _____

Shipping Address if different: _____

Type of Business: _____

How long in Business: _____

Estimated Credit needed: _____

Contact: _____

Accts. Payable Contact: _____

SUPPLIER REFERENCES

Company: _____ Phone#: _____ Fax#: _____

Address: _____

Company: _____ Phone#: _____ Fax#: _____

Address: _____

I hereby certify that I am authorized to represent the entity listed above. I certify the information, as presented on this form, is true and complete and presented to **LIBERTY INK AND TONER** in order to establish open account (NET 30 DAYS) terms. In consideration of, and in order to induce LIBERTY INK AND TONER to establish open account terms based on the foregoing application, the undersigned promises to pay for all purchases in accordance with **LIBERTY INK AND TONER** terms of sale.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____