



FOR PCDS USE ONLY
Account #
Credit Line
Approval Date

DESIGN SOLUTIONS

521 WEST MAIN STREET, TRAPPE, PENNSYLVANIA 19426 • OFFICE 610-489-4540 • FAX 610-489-8478

CREDIT APPLICATION FOR OPEN ACCOUNT

Name of Business Contact
Street Address City, State, Zip
Office Phone Number Office Fax Number

Company Owner's Name Home Address
Home Phone Number Social Security Number

Name of Bank Account Number
Phone Number Speak To

NAME AND COMPLETE ADDRESS OF 3 OR MORE TRADE REFERENCES

Company Name Account Number
Address City, State, Zip
Phone Number Account Status

Company Name Account Number
Address City, State, Zip
Phone Number Account Status

Company Name Account Number
Address City, State, Zip
Phone Number Account Status

I/We understand that accounts not paid within established credit terms stated on the invoice(s) will be considered delinquent. It is agreed that a late payment charge of one and a half percent (1 1/2%) on the unpaid balance may be imposed on accounts owing 30 days from the initial due date. Should collection be necessary, I/We agree to pay all costs incurred, including all reasonable attorney's fees. I/We agree to notify Print Copy Design Solutions in writing of any development which may adversely affect our financial condition promptly after the occurrence thereof. In consideration for PCDS granting credit to the above named company, I/We personally guarantee all debts incurred by this company. I hereby agree to bind myself to pay PCDS on demand any sum which may become due to you, whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company.

Signature of Officer Print Name Title Date
Signature of Officer Print Name Title Date