

Please fax or email  
 completed application to:  
 Thinkle@goingbeyondprint.com  
 Fax: (615) 246-2633



1040 Charlie Daniels Parkway Suite #196  
 Mount Juliet, TN 37122  
 Office: (615) 553-4743  
 Cell: (615) 967-1800  
 Fax: (615) 246-2633  
 www.goingbeyondprint.com

**CUSTOMER ACCOUNT INFORMATION FORM (US Funds)**

Terms are subject to credit approval. If you are not requesting credit terms, omit sections 2 and 3, complete section 4.

1 - Company Information & Corporate Structure			
Company Name/ Legal Business Name			Length of Time Established
Address		City	State
Postal Code			
Phone ( )	Fax ( )	Cell ( )	
A/P Contact Name		A/P Phone	A/P email
Applicant email		Send Invoice to email	
Legal Structure (check all that apply) Corporation <input type="checkbox"/> Sole Proprietor* <input type="checkbox"/> Partnership* <input type="checkbox"/> Non-profit <input type="checkbox"/> Other <input type="checkbox"/>			
*Name of Owner(s)/Partner(s)			
*Address of Owner(s)/Partner(s)			
President		Vice-President	Controller
Federal Tax ID #		Exempt <input type="checkbox"/> Yes (Attach Form)	<input type="checkbox"/> No
2 - Bank References			
Name of Bank		Phone ( )	Fax ( )
Account #	Transit #	Account Manager	
Address			
Amount of Credit Required		Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 - Trade References			
Company	Contact Name	Phone #	Fax #/ Email
1.			
2.			
3.			
4 - Credit Card Payments (No terms requested. Note: Credit Card payment will be processed automatically)			
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Cardholder Name		
Card #	Expiry		
Cardholder Signature		Phone ( )	
Please note surcharges as follows: 3% on Visa & Mastercard payments.			
5 - Certification and Authorization to release information			
I hereby certify that the information in this credit application is correct. The information included in this application is for the use of Going Beyond Print in determining the amount and conditions of credit to be extended. I understand that Going Beyond Print may also utilize other sources of credit information which it considers reliable in making the determination. Further, I authorize the bank and supplier references listed in the credit application to release the information necessary to assist Going Beyond Print in establishing a line of credit. <u>Note:</u> In the event that an order is placed where the credit limit is exceeded, we may request payment in advance or hold the order until payment is received. This may delay production of the order. <u>Terms:</u> Any amount not paid within 30 days from the date of the invoice is subject to interest at a rate of 2% per month/24 % per annum. The customer agrees to pay any and all legal fees/Court costs/collection fees associated with any amounts not paid as per the terms set out herein. All payments by credit card are subject to a 3% surcharge payable by the customer.			
Applicant Name (Please Print)			Title
Applicant Signature			Date

**For Going Beyond Print Use Only**

Rep: \_\_\_\_\_ Acct #: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Terms: \_\_\_\_\_ Approval: \_\_\_\_\_