New Account Application

What type of business relationship are you looking to form with us? (Check all that apply)

QUESTIONNAIRE

One-time order

Just looking for a bid right now		
Permanent Long Term Partner		
Backup for your current screen printing, embroidery or promot	ional products provi	ider
What is the nature of your business?		
Are you willing to submit your orders through our online system? Are you willing to approve pricing and artwork proofs online?		
Would you be shipping your orders or will calling them?		
How often do you require physical samples?		
How often do you have repeat orders?		
How many orders do you average per month?		
What are your current screen printing purchases per year?	\$	USD
What are your current embroidery purchases per year?	\$	USD
What are your current promotional products purchases per year?	\$	USD
What is your average order size?	\$	USD
What are your estimated total monthly purchases?	\$	USD
BUSINESS INFORMATION		

EIN or TIN _____ Sales Tax Exempt # _____ Years in Business _____

City _____ State ____ Zip _____

Phone # ____ Fax # ____

Accounts Payable Contact ____ Email _____



S-Corp C-Corp Non-Profit

Email to send Invoices & Statements

Business Type Sole Proprietor LLC

BUSINESS OWNERSHIP INFORMATION

State	Zip	
Mobile Phone #	*	
State		
Mobile Phone #	‡	
State		
Mobile Phone #		
ccount than UPS may require additional hand		
MES & PASSWORDS		
Username		
Password		
Username		
Password		
Username		
Password		
	State State State Mobile Phone # State Mobile Phone # GINFORMATION ACCOUNT Mobile Phone # Than UPS may require additional hand MES & PASSWORDS Username Password Username Password Username Password Username Password	

ilogo

BILLING AUTHORIZATION

iLOGO requires a credit card to be on file for all of its customers. Your credit card will only be charged if your account is past due or whenever your invoice payment is due. Payment is due upon completion of an order, and prior to shipping the order, unless payment terms have been established. Terms are only offered to customers after a grace period of 5 successfully completed credit card payments.

CREDIT CARD INFORMATION					
Credit Card Type (Select One)	VISA	MASTERCARD	AMEX	DISCOVER	
Card Number		CCV#			
Name on Card	Company Name				
Billing Address				· · · · · · · · · · · · · · · · · · ·	
City	State		Zip		
Maximum Authorized Amount \$		USD			
AUTHORIZATION OF CARD USE					
information above is complete and associated with my account. Charg charge is required that exceeds the must be completed. Cardholder Name (Please Print)	ges may not e "Maximum A	xceed the "Maximum Auuthorized Amount", a N	uthorized Amou ew Account Ap	unt" above. If a pplication form	
	Date				
All orders are subject to the terms of sale the date as stated on the invoice and are reserves the right to limit or deny the ext the Purchaser and without notice to the the entire quantity of merchandise and scollection due to the failure to pay in accosts of suit, and reasonable attorneys' for background information necessal company. A photocopy, fax or ema as the original.	e as set forth one subject to fina tension of credir Purchaser. The services describe cordance with theses. Iditions of saleary to establisers	nce charges of 1.5% per month to Purchaser at its sole distinvoice shall become a bined therein. Customer agree the terms of the invoice include and authorize iLOGO to the credit. The reports ca	onth (18% per an scretion and with ding contract for es to pay any/all ouding service of person order any crent be ordered or	nnum). iLOGO out recourse to r the purchase of costs of process fees, edit, financial, n me or my	
I certify that all information provide					
Authorized Name (Please Print)					
Authorized Signature			Date		

