



Credit Application

*Thank you for your interest in obtaining
an open credit account with Western.*

*Please fill out all the information provided below.
Please fax your completed forms to 605-229-2147.*

All information is kept strictly confidential.

business information

Business Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

First Name _____

Last Name _____

eMail _____

Business Type (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Self Owned | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Other, specify: _____ | |

Incorporate in the State of _____

Tax Exempt - Date Began _____



Credit Application

701 Enterprise Street N. / Box 1555
Aberdeen, South Dakota 57402
t. 800.645.3856 / f. 605.229.2147
western@westernprinting.net

owner/operator information

1. Names of owner(s), general partners or stockholders:

Please check one: Owner General Partner Principal Stockholder

Name _____

Title _____

Ownership since _____

Social Security Number _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

bank references

1. Name of Bank Reference: _____

Acct # _____ Officer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

2. Name of Bank Reference: _____

Acct # _____ Officer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____



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supplier references

trade supplier references who have extended open account credits to your business

1. Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

2. Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

credit card information

Please check one: Visa Mastercard American Express Discover

Card Number _____

Expiration Date _____

Name on Card _____

→ Signature _____ Date _____