



CREDIT APPLICATION

3370 N. San Fernando Rd.. #107 Los Angeles, CA 90065
 Tel: 323.256.7009 Fax: 323.256.7027 web: www.ivgd.com

Date : _____ Due Date : _____

Company name: _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Shipping Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Legal Entity Sole Proprietorship Corporations Date Business Established: _____

PROPRIETORS/PARTNERS INFORMATION

1. Name:	Address:	
2. Name:	Address:	
Social Security Numbers for Above proprietors/partners 1. _____ 2. _____		

CORPORATE INFORMATION

State in which Incorporated:	Date of Incorporation:
President:	Vice President:
Secretary:	Treasurer:

BANK REFERENCE

Bank Name:	Address:	Phone:
Your Personal Contact:	Type of Account:	Account No.:

CREDIT HAS BEEN ESTABLISHED AT THE FOLLOWING

1. Firm Name:	Address:	Phone:
2. Firm Name:	Address:	Phone:
3. Firm Name:	Address:	Phone:

Please Attach Most Recent Financial Statement

The above information is submitted by the undersigned for the purpose of obtaining credit. The undersigned agrees to pay all invoices with in the following terms of sales. (1) Cash discount if paid on or before the 10th of the next succeeding month (2) Net and past due thereafter. (3) Accounts over 30 days past due are subject to late payment charge of 11/2% per month. Purchaser agrees to pay in accordwith the foregoing terms taining to my, our credit and financial responsibility. "Should litigation become necessary, I (we) consent to venue in Los Angeles if required by international Graphix."
 IN ACCORDANCE WITH STATE LAW, ALL PURCHASES WILL BE CHARGED THE APPROPRIATE AMOUNT UNLESS A TAX EXEMPTION CERTIFICATE HAS BEEN RECEIVED.

1. _____ 2. _____
 Signature of Owner, Officer or Authorized Representative Signature of Owner, Officer or Authorized Representative