



Highland Computer Forms, inc.

P.O. BOX 831 ♦ HILLSBORO, OH 45133 ♦ (937) 393-4215 ♦ FAX (937) 393-7760
(800) 669-5213 (800) 842-6485

CREDIT APPLICATION

At Highland Computer Forms we are committed to processing your application for credit as quickly as possible. Please help us to accomplish our goal by completing this application in its entirety. Inaccurate or incomplete credit applications will unnecessarily delay extension of credit to your company. We thank you for sending a credit application that provides **all of the requested information** and has been **signed by an officer or owner**.

DISTRIBUTOR NAME _____ YEAR BUSINESS BEGAN _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BILLING ADDRESS IF DIFFERENT THAN ABOVE _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # () _____ - _____ FAX # () _____ - _____ AMOUNT OF CREDIT REQUESTED _____

PERSON TO CONTACT REGARDING PAYMENTS _____ TITLE _____

RESALE TAX # _____ STATE _____ FEDERAL ID# _____
(Please furnish tax exemption certificate with application)

OWNERSHIP INFORMATION

IS THIS COMPANY:
 INDIVIDUALLY OWNED - (SPOUSE'S NAME _____) PARTNERSHIP CORPORATION - (STATE OF INC. _____)

OWNER / PARTNER 1 / PRESIDENT

NAME _____ SS# _____ HOME TELEPHONE # () _____ - _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OWNER / PARTNER 2 / VICE-PRESIDENT

NAME _____ SS# _____ HOME TELEPHONE # () _____ - _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OWNER / PARTNER 3 / SECRETARY-TREASURER

NAME _____ SS# _____ HOME TELEPHONE # () _____ - _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BANK INFORMATION

BANK NAME/ BRANCH _____ CONTACT PERSON _____
ADDRESS _____ CITY, STATE, ZIP _____
TELEPHONE # () _____ - _____ ACCT. # _____ ACCT TYPE _____

BANK NAME/ BRANCH _____ CONTACT PERSON _____
ADDRESS _____ CITY, STATE, ZIP _____
TELEPHONE # () _____ - _____ ACCT. # _____ ACCT TYPE _____

