

Please Print, Fill out and Fax back to Caskey Printing (Attention Tom Redding) @ 717-764-5003

**Caskey Printing, Inc. Customer Application**

This application must be completed before an account is opened and pricing is quoted

<b>Customer Number</b>

**DESCRIPTION OF BUSINESS**

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Billing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Shipping Address:  
\_\_\_\_\_  
\_\_\_\_\_

Attn: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Business Structure     Sole Proprietorship                       Partnership                       Corporation in State of \_\_\_\_\_

Business Established \_\_\_\_\_ Year: \_\_\_\_\_ Month: \_\_\_\_\_ Years under current mgmt: \_\_\_\_\_

Landlord Information    Rent: \_\_\_\_\_ Landlord: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Own: \_\_\_\_\_ Address: \_\_\_\_\_

**Principal Information**

Attach a separate sheet if necessary

Owner/Partner/Officer Name                      % Owner                      Social Security No.                      Driver's License # & State

Address (Street, City, State & Zip)

Have you ever filed for bankruptcy?     No                       Yes                      \_\_\_\_\_ Personal                      \_\_\_\_\_ Business                      Date Filed: \_\_\_\_\_

Owner/Partner/Officer Name                      % Owner                      Social Security No.                      Driver's License # & State

Address (Street, City, State & Zip)

Have you ever filed for bankruptcy?     No                       Yes                      \_\_\_\_\_ Personal                      \_\_\_\_\_ Business                      Date Filed: \_\_\_\_\_

Owner/Partner/Officer Name                      % Owner                      Social Security No.                      Driver's License # & State

Address (Street, City, State & Zip)

Have you ever filed for bankruptcy?     No                       Yes                      \_\_\_\_\_ Personal                      \_\_\_\_\_ Business                      Date Filed: \_\_\_\_\_

**Authorized Buyer(s)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone ( )

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone ( )

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**Bank References:**

Account # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_

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**Trade Reference:**

1) \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
2) \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
3) \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

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Customer agrees to notify Caskey Printing, Inc. of any changes in ownership of its business as set forth herein by certified mail to:

**Caskey Printing, Inc.**  
**850 Vogelsong Road**  
**York, PA 17404**

**Phone: 717-764-4500**  
**Fax: 717-764-5003**

I hereby authorize Caskey Printing, Inc. or any credit Bureau or other investigative agency employed by Caskey Printing, Inc. to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. In consideration of the extension of credit by Caskey Printing, Inc. to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice. We further agree that if the merchandise ordered shall remain unpaid past the due date, it shall bear interest at a rate of 1 1/2% per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principle or interest, or both, we agree to pay, in addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

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Signed	Title	Date
(Signature required for application to be processed)		

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**PLEASE NOTE:**

Cash on Delivery is required for all 1st time orders.  
Our standard terms are net 30

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**FOR OFFICE USE ONLY**

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Approved By \_\_\_\_\_  
Credit Limit \_\_\_\_\_  
Date \_\_\_\_\_