



**WILLAMETTE
PRINT & BLUEPRINT
COMPANY, INC.**

Client-Driven Service Since 1975

COMMERCIAL ACCOUNT APPLICATION

Name _____

Address _____

City _____ State _____ ZIP _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-Mail _____

Individual _____ Partnership _____ Corporation _____

Type of business _____ How long? _____

Federal tax I.D. # _____

Email Statement to: _____

Purchase Order required? _____ Job Name required? _____

Credit references (Name, Phone, Fax)

Accounts Payable contact _____

CREDIT POLICY

All invoices are due the 10th day of the following month. Accounts with balances over 60 days will be charged COD until their account is brought current.

Signature _____ Title _____

Date _____