



The Ovid Bell Press, Inc.  
 P.O. Box 370  
 Fulton, MO. 65251-0370  
 (800) 835-8919

### Credit Application & Agreement

(Please type or print all information)

Legal Name of Business: \_\_\_\_\_

DBA/Trade Name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

Product/Nature of Business: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Would you like your invoice emailed in lieu of USPS? \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Persons authorized to place orders: \_\_\_\_\_

Are you a:  Corporation  Partnership  Sole Proprietorship  LLC

State of Incorporation: \_\_\_\_\_

Month/Year Business Established: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

If a Division, please identify the Parent Corporation:

Subsidiary: \_\_\_\_\_ Sate of Parent: \_\_\_\_\_

#### LIST ALL OWNERS/OFFICERS

Name & Home Address	Title	Home Phone

Terms Requested: (Standard Terms are Net-30 days) \_\_\_\_\_

Tax Exempt FL/IL/KS/KY/MD/MO/NY/PA:	Yes (Attach Exemption Form)	NO
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**BANK REFERENCE**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Secured: Yes ( ) No ( )

What assets are secured by loans?: \_\_\_\_\_

**TRADE REFERENCES**

1. Current Printer: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

4. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Email: \_\_\_\_\_



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**Please fax credit application back to 573-642-8467 or email to Jordan Burt  
 jordan@ovidbell.com**

**AGREEMENT**

For credit consideration, I declare all the above information is true and correct to the best of my knowledge and belief. My signature attests to the applicant's financial solvency and willingness to pay all obligations as they become due. I understand late payments are subject to one percent (1%) per month finance charge (12% per annum). If the account is turned over for collection, customer agrees to pay the amount owed including interest charges, collection and/or attorney fees. I understand credit availability is at the sole discretion of The Ovid Bell Press, Inc. and depends on my/our payment history, current account condition and other relevant information. My signature below certifies that I have read, understand and accept these terms. I further declare I have the authority to apply for credit on behalf of the herein named business and hereby authorize you to conduct inquiries and investigate as you deem necessary for your credit purposes.

**DISPUTES AND CLAIMS:**

Claims for defects, damages or shortages must be made by the customer in writing no later than 30 calendar days after delivery. If no such claim is made, the Seller and the Customer will understand that the job has been accepted. By accepting the job, the Customer acknowledges that the Seller's performance has fully satisfied all terms, conditions, and specifications.

Printed Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_