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Knight Abbey

Printing and direct mail.

CLIENT BILLING PREFERENCES 30 DAY NET APPLICATION

FOR OFFICE USE ONLY:	
Customer Bill Code:	Logic Code:
Date Opened:	Salesperson:

BILLING ADDRESS:

Name of Business: _____
 Billing ATTN to: _____
 Address: _____
 City: _____ State: _____ Zip: _____

BUSINESS ADDRESS: (If different than Billing Address)

Name of Business: _____
 ATTN: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Thank you for doing business with Knight-Abbey Commercial Printing & Direct Mail. We value you as a client and look forward to a successful business relationship. If you business would like to billed Net 30, please fill out basic information below; otherwise, all accounts will be C.O.D.

Owner of Business: _____ Home Phone: _____
 Home Address _____
 Billing Information ATTN to: _____ Phone Number: _____ Ext. _____
 How much printing do you anticipate charging each month? _____
 List three businesses your firm has charge accounts with:
 1. Name: _____ Phone: _____
 2. Name: _____ Phone: _____
 3. Name: _____ Phone: _____
 How long has your firm been in business? _____
 Business Bank: _____ Phone: _____
 Account Number: _____

Our charge accounts are due on a 30-day term. Will you pay your bill on time? _____
 Do you require a purchase order? Yes No
 Tax Exempt Status and number: _____
 Dun & Bradstreet # (if available): _____
 Names of Persons authorized to charge on this account: 1.) _____
 2.) _____
 3.) _____
 Would you need any special information included in your billing? Yes No
 If so, please describe: _____

CREDIT AGREEMENT

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish Knight-Abbey Commercial Printing any and all information which may be required. Customer also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself to be an agent, employee or representative of the company. The undersigned agrees to pay all invoices within the following terms of sale: payment due on or before 30 days form date of invoice; past due thereafter. Past due accounts are subject to a late payment of 1.5% per moth (18% per annum). Purchaser agrees to pay in accord with the foregoing terms of sale and further agrees to pay all collection costs and attorney's fees necessary to collect past due amounts, as permitted by law. The undersigned personally guarantees and personally assumes full and ultimate responsibility for payment of all invoices generated under the terms and conditions outlined above.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS:

Name (please print or type): _____ Social Security #: _____
 Signature: _____ Date: _____