Pacific Print Media
407 Sanchez Street
Suite 3320
San Francisco, CA 94107
(415) 558-8902 voice

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APPLICATION FOR OPEN ACCOUNT

name of firm

business address

type of business ❑ sole proprietorship ❑ partnership ❑ s corporation ❑ c corporation

name of owner (primary officer)

address

engaged in

California resale#

open account references

name account#

address

phone fax

MERCHANTS
Please list four vendors with whom you have established commercial credit.

name account#

address

phone fax

SALES REPRESENTATIVES
Please list four manufacturers with whom you have a current relationship.

name account#

address

phone fax

name / account#

address

phone / fax

bank references

name

address

phone fax

account(s) #

business banking officer

comments

With the understanding that said data will become the confidential property of Pacific Print Media, I authorize the above mentioned companies to release all data pertinent to the extension of credit to the applicant's firm.

submitted by

signature date