

4 Northeast Avenue  
Bow NH 03304

Bovie Screen Process Printing Co., Inc.  
Application For Credit

Phone: 603-224-0651  
Fax: 603-224-4908

**Part One: Company Information**

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Accounts Payable Manager: \_\_\_\_\_  
Accounts Payable Manager Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_  
Accounts Payable Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Purchasing Agent/Buyer: \_\_\_\_\_  
Purchasing Agent/Buyer Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Ownership:  Corporation  Partnership  Sole Proprietorship  
Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_  
Federal EIN Number: \_\_\_\_\_  
Name of Principal(s): \_\_\_\_\_  
Credit Line Requested: \_\_\_\_\_

**Part Two A: Financial References**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part Two B: Business References**

Company One Name: \_\_\_\_\_  
Company One Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company One Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company Two Name: \_\_\_\_\_  
Company Two Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Two Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company Three Name: \_\_\_\_\_  
Company Three Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Three Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Part One must be filled out in its entirety. Parts Two A and B may be submitted typed on a separate sheet. An authorized signature must appear below before we are able to begin checking references.

Credit Terms are 1% 10, Net 30. I fully understand and agree to the credit terms. All items are FOB Concord New Hampshire unless otherwise stated by Bovie in writing. Per the printing industry standard +/- 10% of the quantity ordered constitutes delivery. If my account is placed in the hands of an attorney for collection, or if suit is brought to collect any of the account balance or interest thereon, I as the customer agree to pay all reasonable attorney fees and legal costs incurred. I certify that all the information on this form is correct, and authorize investigation of all statements contained herein and the references listed above.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_