



Moore Wallace

MOORE WALLACE NORTH AMERICA
PHONE 630 588 500 FAX 630 588 5175/5140

WETMORE PRINTING COMPANY
1645 W. SAM HOUSTON PKWY N.
PHONE 713 468 7175 FAX 713 300 2100

CREDIT APPROVAL REQUEST

DATE _____

APPROVAL REQUESTED FOR	CUSTOMER # _____	D&B RATING _____
	NAME _____	CUSTOMER AUTHORIZATION TO RELEASE CREDIT INFO.
	ADDRESS _____	(Signature required) _____
	CITY, STATE, ZIP _____	TYPE OF BUSINESS _____
	PHONE # _____	ESTIMATE OF SALES PER MONTH _____
	FAX # _____	YEAR STARTED _____
	NAME OF PARENT CO. _____	CITY, STATE, ZIP _____

BANK REFERENCES	1	NAME _____	ACCOUNT # _____
		ADDRESS _____	PHONE # _____
		CITY, STATE, ZIP _____	FAX # _____
	2	NAME _____	ACCOUNT # _____
		ADDRESS _____	PHONE # _____
		CITY, STATE, ZIP _____	FAX # _____

TRADE REFERENCES	1	NAME _____	ACCOUNT # _____
		ADDRESS _____	PHONE # _____
		CITY, STATE, ZIP _____	FAX # _____
	2	NAME _____	ACCOUNT # _____
		ADDRESS _____	PHONE # _____
		CITY, STATE, ZIP _____	FAX # _____
	3	NAME _____	ACCOUNT # _____
		ADDRESS _____	PHONE # _____
		CITY, STATE, ZIP _____	FAX # _____

SEND REPLY TO	SALES REP. NAME _____	SALES OFFICE: WETMORE PRINTING PLANT # 6500
	PHONE # _____	
	ROB STYACICH / PRESIDENT	
	PHONE # 713 300 4578	

OTHER INFORMATION	

TERMS	If form completed by Customer, please sign the following statement: I/We certify the foregoing information to be true and correct. I/We have been advised of terms of sale and understand that a late charge of 1 1/2% per month (18% per annum) will be made on any invoices over 30 days past due. I/We further agree to pay reasonable Attorney's fees and costs in the event of suit to effect collection of monies due (rates as permitted by State Law).	
	CUSTOMER SIGNATURE _____	Date _____

CREDIT APPROVAL	<input type="checkbox"/> CREDIT HAS BEEN APPROVED FOR \$ _____
	CREDIT MANAGER _____ Date _____