

# BUSINESS CREDIT APPLICATION

Quality Rubber Stamp, Inc.  
3314 Refugee Road  
Columbus, Ohio 43232  
614-235-2700  
Attn: Credit Division

For fast credit approval  
Please fax this  
form to:  
614-235-3031

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Ownership:  Corporation  Partnership  Sole proprietor Years in business: \_\_\_\_\_

Government  Non-Profit Tax Exempt? Yes No

Vendors Lic. # \_\_\_\_\_

Parent company names (If different than above): \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Open Accounts References

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you wish to receive your Invoice and Statements by e-mail or fax, please provide us with your information.

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Inter Office Use Only

CREDIT LIMIT: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

APPROVED BY: \_\_\_\_\_