



TRADE ACCOUNT APPLICATION FORM

Date: ____/____/____

Name of Primary Contact: _____

Email Address: _____

Phone Number: _____

Please complete and fax or email to Speedy Publishing LLC at (210) 519-4043 or tradeaccounts@speedypublishing.com.

Please allow 3-5 business days for us to process your application.

For Faster Processing: All fields must be filled in:

PLEASE CIRCLE THE OPTIONS

Would you like to be added to our mailing list? YES NO

Do you wish to have your orders consolidated? YES NO

Do you wish to submit your orders via EDI? YES NO

COMPANY INFORMATION

Company name:

Address:

CITY/STATE:

Postal Code: _____

Telephone: _____

Fax: _____

Email: _____

SHIP TO LOCATION (IF DIFFERENT FROM ABOVE)

Address:

CITY/STATE:

Postal Code: _____

Reseller Tax Certificate Number. _____(if applicable)

Trade references (All Information MUST be filled in):

A Name of Business: _____

Fax #/ email: _____ Contact Name: _____

B Name of Business: _____

Fax #/ email: _____ Contact Name: _____

C Name of Business: _____

Fax #/ email: _____ Contact Name: _____

D Name of Business: _____

Fax #/ email: _____ Contact Name: _____

SIGN HERE

APPLICANTS NAME.

_____.

APPLICANTS SIGNATURE (OR AUTHORIZED REPRESENTATIVE).

_____.

(Authorized Signature)

*PLEASE NOTE: ALL NEW BUSINESS WITHOUT CREDIT HISTORY WILL HAVE TO PRE-PAY UNTIL HISTORY IS ESTABLISHED.