

A division of Ultra Pro International LLC

6049 Slauson Avenue • Commerce, CA 90040 Phone (844) 365-3371 • Fax (323) 728-4190 credit@ultrafolders.com • www.ultrafolders.com

CREDIT APPLICATION						
School/Institution Contact Inform	nation:					
School/Institution Name:						
Accounts Payable Contact:			Title:			
Phone:	Fax:		E-mail	:		
Address:						
City:		Stat	e:		ZIP Code:	
Year Established:			Enrollment:			
Federal Tax ID: Retail Cert./Exempt #:			PO# Required For Purchase: [] Yes [] No			
Owner/Director Information: Please provide the name, social security number and title of any company principals.						
Contact Person: Address:						
Funding/Sponsoring Agency (if applicable):						
Address:		T		1		
Business and Credit Information:						
Primary mailing/billing address (if different from above):						
City:		State	:		ZIP Code:	
List Three Business References Below:						
1) Company Name:				Phone #:		
Contact Name:				Fax #:		
Address				Email:		
City:		State:			Zip Code:	
Account #:						
2) Company Name:				Phone #:		
Contact Name:				Fax #:		
Address				Email:		
City:		State:			Zip Code:	
Account #:						
3) Company Name:				Phone #:		
Contact Name:				Fax #:		
Address				Email:		
City: State:		State:	·		Zip Code:	
Account #:						



A division of Ultra Pro International LLC

6049 Slauson Avenue • Commerce, CA 90040 Phone (844) 365-3371 • Fax (323) 728-4190 credit@ultrafolders.com • www.ultrafolders.com

Bank References:						
1) Bank Name:	Account #:	Acct Type:				
Contact Name:	Phone:	Fax:				
Bank Address:						
City:	State:	Zip Code:				
2) Bank Name:	Account #:	Acct Type:				
Contact Name:	Phone:	Fax:				
Bank Address:						
City:	State:	Zip Code:				
Bills Paid By: [] School	[] Funding/Sponsoring Agen] Funding/Sponsoring Agency (noted above)				
TERMS / AGREEMENT						
Your signature indicates you understand and agree to the following terms and conditions:						
A copy of each invoice is rendered each time a charge purchase is made. Invoices are due within 30 days of the delivery date. Accounts which are 30 days or more past due are subject to a late fee. Should this account be referred to an outside agency or attorney for collection, the undersigned agrees to pay all attorneys fees and other cost incurred by Ultra Pro International LLC as a result. The place of venue for any and all collection activity shall be in Los Angeles, California, according to the laws of the State of California.						
I hereby authorize the above named credit references to furnish credit information to Ultra Pro International LLC for the purposes of processing this application, and I agree that these firms or institutions and/or individuals connected with them shall not be liable for any claim or damages as a result of furnishing this requested credit information.						
I understand and agree to the above terms.						
Print name of Principal or Officer	Title Signatu	ure				