

EXPRESS COLOR account and billing info

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Please fill out this form and return it along with your Credit Application.

BILLING INFORMATION for PURCHASES by: _____
Company or organization name

1. A. Who is permitted to make purchases?

NAME	PHONE
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B. Does he/she need a purchase order for each job? YES NO

C. Can anyone else make purchases on this same order?
If so, who? YES NO

	PHONE
	PHONE
	PHONE

2. What address should the invoice be sent to:

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

3. Whose attention should the invoice be sent to:

NAME	PHONE
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4. What information needs to be included on the invoice to assure problem free processing?

Thank you for your assistance
The Credit Manager