

## QUICK CHARGE CUSTOMER ACCOUNT APPLICATION

PO Box 830769, Richardson, TX 75083-0768 • Tel: 972-231-7227 Please return this completed form to: tpwnewaccounts@thomasprintworks.com

## **BUSINESS INFORMATION**

BOSINESS IN ORMATION								
Type of business:   Corporation Partnership Other:				Industry:				
Business name:								
Billing address:		City:		State:		Zip:		
Delivery address:		City:		State:		Zip:		
Phone:	Fax:		Email:					
Contact name:		How long at this address?		Date business opened:				
Full name of owner/president:								
CREDIT CARD INFORMAT	ION Card will be ke	ept on file	to process	invoice up	oon billing.			
Type of Card: Uisa AmEx Discover			asterCard Cardholder name:					
Credit card #			CVV code:			Exp. date:		
Signature:		Printed name:				Date:		
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Account. To the best of my kno License Indemnification Agreer	wledge, the informat	ion given i	s true and	-			-	
Further, I authorize Thomas Print produced by Thomas Printwork subject to change without notice	ks. A 3% non-refunda						-	
Signature of person making application:		Title:					Date:	
ACCOUNT INFORMATION	Thomas Printworks	s Use Only	,					
Account name:			Account #					